What the Aging is Going On: An ethnography on the Perceptions of Aging in an Old Age Home in KwaZulu Natal, South Africa

Sabelo Mpisi (Mpssab001)

A minor dissertation submitted in partial fulfilment of the requirements for the award of Master of Social Science degree in Social Anthropology

Supervised by Professor Fiona C. Ross

Faculty of the Humanities

School of African and Gender Studies, Anthropology and Linguistics

University of Cape Town

December 2019

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signed by candidate

Signature: Date: 13 December 2019

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Abstract

Despite considerable evidence on aging, as it relates to African elders, little is known on what and how it is like when drawn from their experiences and perceptions. This follows since it is often studied indirectly, as the emphasis is put on people with whom the elders are in relationships, obligatory or otherwise, and not necessarily on them. This also happens when aging is examined in relation to societal realities that shape how they experience the process of aging. In that, when societal realities in which they are embedded are examined, little to no effort is made to understand how they experience growing old in relation to or because of them. This dissertation explores perceptions of aging and what growing older is like. Using qualitative research methods in an old age home in KwaZulu Natal, the data to this dissertation was collected between June-July 2017 and December 2017-January 2018. Findings demonstrate that aging is a process of becoming estranged from oneself, from one's body, and from others. They reveal that, due to the collisions between physiological aging and aging in social terms, elders are simultaneously understood as people who must be respected and yet who can be estranged. Against this backdrop, from the vantage of the aged, they further show how death, living, and life are understood.

Acknowledgements

In life, nobody ever achieves anything without being indebted to others. With this work that has finally been given birth, I am indebted to a lot of people.

I would like to thank my late grandmother who inspired this paper. Despite passing on in its conception stages, she remained a powerful presence.

I am indebted to my supervisor, Professor Fiona Ross, for her unparalleled adept supervising skills, thoughts, time, direction, constructive basis, and commentary she provided in the earlier versions of this work. Thank you for the invaluable support and compassion you have been showering me with ever since we have known each other, more so, since we started conversing about this work. Thank you for pushing me. I can never thank you enough for allowing me to work in my pace and all the while believing in me even when I felt like giving up due to life intervening and happening. Coming back to this work, after having stopped for a year, was particularly arduous. You made the transition easy and ensured that I find my 'normal'.

I extend my gratitude to the MasterCard Foundation Scholarship Programme for funding my MA extension.

To my partner, the love of my life, and mother to my children, Makhosi Mkhize, thank you for your untiring support and love, for giving me time and space, for lending me your laptop when mine malfunctioned, and for staying up with me at night when I was working. Thank you for believing in me and reminding me that there is more to life than reaching deadlines.

To the caregivers, the administrator, residents, and manager at Empophomeni old age home, thank you for allowing me into your lives with warm and open hands, that remained this way throughout. Without you, this work would not have been possible. Ngiswele imilomo yokunibonga ngokuphelele.

Dissertation Outline

This dissertation is divided into five chapters; one introductory, three ethnographic, and one concluding.

Chapter One focuses on the background to the study, the literature review, the study location, the methodologies I used, and the ethical considerations I observed.

Chapter Two shows that growing older is a process of becoming estranged from others with whom elders share obligatory and traditional relationships of care. In so doing, through their life histories and stories, it reviews the interpersonal structures and circumstances that make them consider themselves to having been sent to the old age home to be abandoned, amidst the cultural expectations and obligations of care that are due to them because of their social positions.

Building from the previous, Chapter Three shows that elders are also estranged from themselves, with a particular focus on how aging and the accompanying bodily transitions alienate them from their bodies and senses of themselves they were used to. The chapter also focuses on questions of social death proximity to physical death, living, and quality of life.

Accounting that the caregivers understand aging through being suspended between distance and proximity, Chapter Four demonstrates that elders must be respected. It shows that this modality is saturated by social understandings of growing old and institutional protocols of caring. It pays particular attention to three models of elder personhood, or, elderhood, 'elders as children', 'elders as grown children', and, 'elders as *amadlozi*' (ancestors). Yet, while first two models are inextricably juxtaposed, the last is a suggestion that draws life from first-hand experience in the institution. Considering that in old age the elders are understood in ways that resonate with social understandings of children, the chapter further explores the limits posed by the constellation of these tropes. Here, the emphasis will be on *ukuhlonipha* (respect) and the underpinning cultural practices of linguistic taboo and linguistic avoidance. Accounting that the first model through which aging is understood by the caregivers stripes the elders of

their agency, the chapter then shows that their agency can only be recognised when we account their capacities to do for themselves, despite the restraints.

Chapter Five concludes, by revisiting the main theses of the dissertation, thereby bringing the dissertation into a succinct closing.

Chapter 1
Introduction and Background

Caring and Holding on to What Used to Be

In the December holidays of 2016, my late maternal grandmother, Gog'[1]Cengwa, came to visit us at home in Mountclair, KwaZulu-Natal. She lived in Laxontville with my mother's sister (aunt hereinafter), and her three children, my cousins, Zanele, Zanelisiwe, and Zibusisiwe. My mother had last seen her at the beginning of 2015, due to being occupied by work, and so insisted that she visited during the school holidays when we would all be at home. When my grandmother was at home, it came to my knowledge that aging had 'disabled' her. She could no longer perform any physical activities on her own. Her body had lost its power, that is, '*wayesephelelwe amandla*' in the isiZulu language (the conception and implication of this word as it relates to aging will become clearer in Chapters 3 and 4), and, was, ultimately, washed off its biological abilities to perform mundane elementary biological functions. She could neither hold nor control her excretory related activities (urinating and defecation); she could hear but could not see; she needed assistance to walk, stand up, and to sit down. As such, we intervened by assisting her with some of the recognized physical activities of daily living. Given the daughter-to-mother-obligatory-relationship, my mother assisted her the most, by taking/helping her to defecate or urinate, bathing her and washing her clothes when she had urinated or defecated onto herself whilst sleeping, or on her way to the toilet, when she had tried going without assistance. As per mother's instructions, as her grandchildren, my siblings and I also assisted her, by making and giving her food, taking her to the dining room, escorting or carrying her to bed, and taking her outside to bask in the sun, on account of mother's stance, that, '*uyalidinga ilanga*'[she needs to bask in the sun].

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[1] Gog' is short for Gogo which is an IsiZulu language term referring to a female elder. In the English language, it translates to grandmother, and, is therefore, relational. It does not only denote a biological relationship but also a social status; one can be a grandparent to one's children's children and to those of other people. The IsiZulu language gendered term for a male elder is Mkhulu which is also relational. Despite conceding this, using it in this dissertation is all-encompassing to refer to both male and female elders, for which the reason will become clearer in the many pages of this dissertation.

Despite her state of disability, she talked 'normally', at least, in this sense, without saying anything that called for scrutiny. She would engage in our conversations and respond when spoken to. Admittedly, the conversations that were directed at her were rather sad, thought-provoking, and invoked sentiments of ambivalence, fear, and empathy. Over numerous occasions, in the morning, when I greeted her, asking how she was, how she slept, she always responded with, '*Baba ngyaphila, kuvukekile, sibonga umdali*' [my son [2]I am well, I was able to wake up and for this, we must thank God]. In some instances, during the day, however, her responses always made me question the whole essence (and point) of living, and equally, of being alive. To my asking, '*Gogo uzizwa unjani namuhla?* (Grandmother, how are you feeling today?), she would always complain, with, '*Awu baba sesifikile esami isikhathi sengiready ukuhamba ngiyohlangana nomdali wami ezulwini*' [No my son my time has come, I am ready to pass on and to meet my Maker in heaven]. Feeling the weight of this response, I would respond with, '*Gogo ungayisho leyonto*' (Grandmother do not say that). To which she never responded, at least not by words, but by staring at me with eyes that conveyed the impression that she was tired of living. Seeing her in such a condition aroused existential questions around life, living, and being alive: Is this what it means to be alive, to live, to exist? Is this what it means to be human – to live, get old, get sick, and die, eventually? To get old and have a disintegrated body? What is the point of living if we are all to die one day?

Of particular importance to this work (that also inspired it) were questions that were directed at aging, a stage of the life course I am yet to experience: For/to an elder what does it mean to be old, to be subject to and experience ageing? Do these experiences equate to death? What do they mean for someone who has neither insurance nor a retirement fund? I often wondered, if she were able to, and given the platform, what would she say about her lived reality of aging, wherein she not only suffered from ill-health conditions that are attributable to the aging process but were, due to physiological disabilities, also subject of assisted living? How would she describe what was happening to her? What words would she use to speak to (and make sense of) the slippages and transitions she was experiencing because of the aging process?

These questions were exacerbated by a phone call that my sister, Ayabonga, received in the morning of early January 2017, a few weeks after grandmother had gone back to Laxontville:

[2] Despite translating this word to son, it translates and refers to father. The translation to 'son' here speaks to a social status and honorific that denote a biological relationship, though its use may permeate other social relationships.

it was around 9h00 am; I had just woken up and made breakfast, and Ayabonga was in her room, sleeping. As I was getting ready to eat, Ayabonga came to tell me she had just received a phone call from Zanelisiwe, saying, '*uGogo ushaywe istroke, akanyakazi, upalaralysed futhi akakhulumi umlomo wakhe uyanyakaza, kuzodinga ukuthi sumuyise esbhedlela ngemoto kaDimpho'* [Grandmother had been hit by stroke[3], and, as a result, not only is she motionless and paralysed, even though her mouth has subtle movements she is also not talking, we need to take her to hospital with Dimpho's car]. To cut the lengthy narrative short, the urgency provoked by this news saw us walking to Laxontville, a journey that took us approximately 30 minutes. When we got there, Zanelisiwe, and her friend, Dimpho, told us that, since they could not contact my mother, they got hold of my aunt, who came and took Grandmother to Wentbrough Hospital. Flabbergasted and, overwhelmed with sentiments of fear and disbelief – as not only had she never been sick before, but had been also always autonomous, active, and loved walking – we drove to the hospital. When we got there, these sentiments suddenly became presentiments of death itself, since when we asked how she was, aunt informed us that the doctors had told her that despite having a stroke, which both drooped and paralyzed the left side of her body and mild heart failure, they had managed to resuscitate her.

As the doctors in Wentbrough Hospital could not help her as she had no personal medical insurance nor was insured by my mother and aunt, they told us it would be for the best if she were to be relocated to King Edsin Hospital, one of the biggest and advanced regional hospitals in the Durban South region. But since they could not relocate her soon, as they were held up by her 'paperwork' they decided to discharge her so she could go home to rest. As this process was taking longer than expected, our aunt told us to go home as she would keep us 'in the loop'. Unfortunately, later that day, as was communicated through a phone call that aunt made to mother, when they were taking her back to Laxontville, her condition worsened: as they were helping her out of the car, she fell and broke her hip bone. She was rushed to King Edsin Hospital.

[3] This is a literal translation of the isiZulu language phrase and carries with it the sense of suddenness and injury that the English language framing 'she had a stroke' does not convey. I use the literal translation rather than its more usual counterpart in the English language in order to retain a sense of the isiZulu language in the translation.

A bit later, on a Friday, before I came back to Cape Town, when mother told us that she was going to check up on her, Ayabonga and myself tagged along. When I saw her – lying motionless, in that hospital bed, in a blue and white gown, with a drip that had dried out blood, despite mother telling us that she could not speak I wanted to ask how she was. How did she feel? How they were treating her? Were they feeding and washing her? I wanted to put myself in her shoes, to experience her pain and all she felt, which I thought was unbearable for someone of her age; I wanted to hug and tell her she was going get better. The look on her eyes revealed to me that she was tired and had given up on life, that she was ready to pass on, as she no longer saw a reason for (and in) living.

As provoked by my grandmother's experience of aging, and my experience with her, the second set of recognized questions begged her understanding of aging as drawn from her subjective experience. By 'subjective experience', therefore, I am referring to her perceptions of aging as she was undergoing the experience and process of aging (Kaufman, 1963). That is, in more nuanced terms, they provoked her to use the bodily transitions and their implications as lenses to articulate what and how growing older (*ukuguga*) and experiencing it were like for and to her. Of course, I do concede that in doing this, she probably would have drawn from a host of juxtaposed factors: being assisted, losing her power, being hit by a stroke and mild heart failure, falling and breaking her hip bone, and being moved from one hospital to the other. I am in no way oblivious to the possibility of her drawing from social referents of aging, including, for an example, being a grandmother and supporting us partially through her pension.

This dissertation addresses two chief problems; it explores perceptions of aging and what growing older is like. I argue that aging is a process of estrangement, which sees elders becoming estranged to themselves, their bodies, and others. In particular, I show that it is a process of estrangement, where, due to bodily transitions attributable to the process of aging, they become estranged from a sense of self they were once used to and knew, and from others with whom they share obligatory relationships of care. Ultimately – through showing that aging is a collision between the physiological process of becoming old, and that of being recognized as an elder, in social terms – I show that the elders are understood in two ways; as people deserving respect due to chronological their age and its social position; and as people who can be estranged. I foreground experiences and perceptions of the process and result of aging by drawing from people who experience it directly and those who experience it indirectly, while recognizing that subjective experience is shaped by a broader political-economy in which class,

race, cultural repertoires, religious ideas and gender, amongst others, come to play in shaping and making certain experiences.

Conceding how elusive and equally, complex, it is, in this dissertation by estrangement I am referring to the process of alienation, separation, dislocation, and detachment; to the rupture, break, cut-off and departure from the norm; to the loss of that which was normally there. My interest lies in examining two juxtaposed forms and manifestations of estrangement. The first is family estrangement, which as I show in this dissertation, speaks to physical and emotional alienation, dislocation, and detachment of obligatory family relationships and expectations, to a possible point of no return or end. The second is self-estrangement, which refers to being alienated, disconnected, and detached from a sense of self one was used and accustomed to. Taken together, these dimensions demonstrate the complexity of experiences of aging from the perspective of those near life's 'end'.

Literature Review

This work has directed me towards two bodies of literature: the first examines social roles and responsibilities played by African[4] elders in African societies, and this is against the backdrop of the making of persons. The second, coming mostly from the West, examines ageist stereotypes of aging that elders draw from to make sense of the aging process as they are in it and undergoing it, as often termed self-perception, self-conception, or self-definition of/in aging (Montepare and Lachman 1989), and subjective elderliness (Thom, 1980; Russell, 1981; Neuhaus and Neuhaus, 1982; Pretorious, 1986).

Aging in Africa: Aging as Sociocultural

In Africa, the critical markers of age and growing old are described (and ascribed) socially and physiologically. In the same breath, being recognised as an African elder is linked with ideas of considerable status and value (Kivuto, 1987; Idang, 2015). Manifesting through a role called eldership, which, according to Maharaj and Pillay (2010) is a way of cherishing and honouring African elders, this draws life from their in-depth experiences they have accumulated over their

[4] In this sentence, African holds a double function. It refers to the continent, and to a racial codification that is specific to South Africa, as is endorsed in the Group Areas Act of 1950 and the South African Democratic Constitution of 1996. Despite using it, I am no way endorsing it as a valid category.

lives. Building from this, they are assumed to embody culturally imperative practices, values, unparalleled and unquestionable wisdom, knowledge, experience, expertise, authority, supernatural powers, beliefs, norms, political and social power, honour and prestige (Mbele, 2004). This is often used to justify that despite their incapacities, they deserve unquestioned respect, which in the IsiZulu language, translates to '*inhlonipho*' (Cook and Halsall, 2012; Mkhwanazi, 2014; Vilakazi, 1962, 1986, 1999; Ntuli, 1999; Ngubane, 1981). Making them critical members and components of society, both when 'living' and when they have passed on, embodying such knowledge, truths, and life lessons, they play crucial social roles and responsibilities, including for example, guiding, supporting, and advising yonger generations on how to comport themselves (Kevin et al., 1997; Oppong, 2006; Mkhwanazi, 2014; Weichman, 2017). They also play crucial roles and responsibilities in traditional ceremonial and ritual gatherings (Rwezaura, 1989; Apt, 1992, 2001; Obioha and T'soeunyane, 2012). These ceremonies are shown to be inherently gendered. On the one hand, male elders are responsible for slaughtering livestock, consulting/mediating with ancestors/spirits in the unseen but present world, and facitating passing of age and initiation to manhood rituals (where these are practiced) for boys, because of their unparalleled wisdom in these departments. On the other hand, including facilitating puberty, initiation to womanhood and harvest rituals for girls, female elders are responsible for domestic roles and responsibilities (Herbert, 1994; Perani and Smith, 1998; Rey, 2013; Zobolo and Mkabela, 2006;). These important gendered roles increased significantly as a result of the AIDS pandemic. In particular, female elders perform additional responsibilities of care in family settings and contexts that are buffeted by the AIDS pandemic. These care responsibilities also extend to financial support as female elders are shown as care providers for younger, vulnerable, and orphaned children (their grandchildren and others) and as important sources and conduits of income for poverty stricken multigenerational households where parents have died or ran from home through pensions and disability grants (Moller and Sotshongaye, 1996; Foster and Williamson, 2000; van Vurren and Groenewald, 2000; Makiwane, et al., 2004; Merli, 2004; Safman, 2004; Schatz and Ogonmefun, 2007; Llyod-Sherlock and Agrawal, 2014; Statistics SA, 2014, 2015, 2016; Cheney, 2017). This body of literature also considers questions of how they are also vulnerable, with a particular focus on how they are being preyed on for their 'pension money' (South African state pension grants) though it is inadequate to cover all family needs.

Building on this vulnerability, despite having dependents, they are also dependents themselves, since they depend on their children and grandchildren for care and financial support, especially when they are unable to do so themselves (Cattell, 1993; Ntshangase, 2007; Toner, 2007; Sidloyi, 2016). In rural contexts with no medical interventions and resources for infants and children suffering from the AIDS pandemic, female elders bear the burden of travelling long distances to seek for medical help, to keep their grandchildren alive (Merli and Pallorni, 2006; Olayinka and Mbuyi, 2014). Submerged here is an examination of how, as buffeted by politics of access, as indexed by political economy and structural violence, they then play a dual role of protecting their health and that of their grandchildren and other children. For the most part, this forms the basis of the reality why they are not ideally imagined as people who are often sent to old age/nursing homes, to spend their 'last' days on earth (Chinkanda, 1987; Ferreira and Lamont, 1990; Mbabane, 1991; Vilakazi, 1991).

When considered deeply, as any other form of personhood, what, I think, is further suggested in the literatures on aging is that the making of elderly persons and the aging process are intrinsically both subjective and relational. This provokes dividualism – a framework that is often used to examine how persons are made in Africa and other non-Western parts of the world (Nkrumah, 1962). It suggests that persons in these parts of the world are constituted largely through relations. Diverse terms have been used to explain this, including relational, many-in-one, one-in-many, collectivistic, and fractal. All signify that the sense of self is derived from relationality and networks, of family members and communities, in relation to who they are in society, to others, with others (Mbiti, 1976; Mentiki, 1984; Mkhwanazi, 2014, Appuhamilage, 2017). Selfhood, personhood, and individuality are thus a social process of constant making, being, becoming, and equally, of juxtaposed and simultaneous presences and experiences (Salo, 2002, 2004). The Nguni proverb, '*umuntu umuntu ngabantu*' (a person is person through other persons) is what, I believe, captures this, the crux of African personhood. It implies that a person becomes and achieves personhood through a shared humanity, as they are inextricably caught and bound up in others, through others, with others (Letseke, 2012). Mbiti (1969: 73-74) corroborates, arguing that the question of who a person is cannot be answered fully without accounting for the meaningful relationships in which they exist, because "I is not the only relationship, it is many relationships". This framework is often used to speak to, espouse, and conscientize togetherness, inclusivity, respect for others, co-responsibility, compassion, interconnectedness, interdependence, collective success, allegiance to collective identity, and to make practical the virtues of sharing wealth and resources through giving, receiving, and

reciprocating in return (Gathogo, 2008; Ncube, 2010; Mabovula, 2011; Whitworth and Wilkinson, 2013; Nyamnjoh, 2019). Provoking it here in this dissertation is to suggest that the process of aging is an intersubjective enterprise, construct and experience, that is made and experienced by the elders and those around them. In contrast to the Western notion of individualism, building from her seminal work in Melanesia, Strathern validates by describing dividualism this way:

> Far from being regarded as unique entities, Melanesian persons are as dividually as they are individually conceieved. They contain a generalized sociality within. Indeed, persons are frequently constructed as the plural and composite of the relationships that produce them. (1988:13).

Self-perceptions of aging and ageism

A noteworthy lacuna in the recognised body of scholarship is an examination of what I would like to term as 'subjective self-making in aging' – that, is elders' perceptions of the aging process as they are undergoing it. Coming from America and Europe, studies indicate that in doing this, elders are likely to draw from ageist stereotypes, which they internalise such that they not only become self-stereotypes and self-referents but also important markers of/in their aging experiences (Levy, 2003). This self-situatedness or self-awareness, follows as they take whatever negative social and cultural descriptions and definitions of ageing as true definitions of themselves, thereby making the social the personal. These stereotypes include seeing old age as a pathology, then defining and reducing it to pejorative terminologies, such as disease, disability, frailty, proximal to death, death, dependent, senescence, physical and mental deterioration, and asexuality (Macial, 2009). In some instances, derogatory ageist stereotypes see some elders refuting that they are old, which, as also termed the attitude of active resistance towards ageing, they concretize by taking, identifying, and embodying a much younger age identity (Ballard et al, 2005; Cleaver and Muller, 2002).

Care Dwells Here: The Site, Respondents, and Ethical Considerations

Fieldwork towards this study was conducted in Empophomeni Old Age Home (pseudonym) located in Emlozane, Ezingolweni, KwaZulu Natal (see figure 1). I initially conducted preliminary fieldwork between June-July 2017. I returned and completed research between December 2017-January 2018. According to my mother, Mom'Thembile, the home was established in 1997 by the late Bab'Rev. Nkala, as an NGO (Non-Government Organisation),

following a long process of meetings, between him and local chiefs and authorities. According to the administrator, its establishment followed after:

> *Ubaba uNkala lo okuwuyena umsunguli wayo wayekade esebenza eMseni, la kuhlala khona izingane eziyintandane, wabuka ukuthi naye ngakubo kukhona izingane eziyintandane, ezishiywe abazali ngenxa ye HIV, khona abagulayo abane HIV, kukhona abahlwempu, kuyizinto ezahlukene, wayeseba nomqondo wokuthi ngakubo asungule into ezokwazi ukuthi isize izingane. Kwaqale kwa proprozwa indaba yokuthi kuzohlala izingane. Kwangangoba ekuqaleni kwakuhlala izingane, kwahamba ke kwatholakala ukuthi ogogo banezidingo, abanye abanazo izingane bayahlupheka emakhaya. Kwaphasa indaba yokuthi fanele kube ikhaya labadala ayi izingane ngenxa yokuthi amakhaya ezingane ayekhona emaninginingi elabadala lingekho. Baqala ke bangena kwagcina sekuyikhaya labadala*.
>
> [Pastor Nkala, who is the founder was working at Mseni, a home for orphaned children, saw that in his home town there are children who are orphans, whose parents have died due to HIV, others with HIV, others who are poor, it was different things, he then decided that in his home town, he should establish an institution that will help children. It was first proposed it should be a children's home. This is why initially children used to live here, as time went by, it was seen that the elders have needs, as others do not have children, others live in impoverishred households. Seeing that there were many homes for children but not for elders it was then ordained to be an old age home. They then started coming such that it became an old age home].

She continued that its full operation as a non-political, non-profit, and Christian Organization, only embarked in 2000, with 1 elder, who used the old age home, 25 children[5], who used the children's home, and with income generating project such as poultry farming, gardening, sewing, knitting, and a tuck shop. For the elders (residents hereinafter), in addition to the fact they stay there, as the administrator explained, it serves other functions:

> *Bathola ukunakekelwa ngendlela, for example, abanye bafika la bephashile bengenayo impilo kahle ngenxa yokuthi emakhaya bebengadli, abanye tholukuthi ingane imithengela isaka lempuphu neklabishi ingane ihambe nayo ugogo asale elambile esale engadli, abe nesifo sendlala. Ugogo masefika la ke kube wukuthi ugogo uthola ukunakekelwa ngendlela, amaphilisi uwagwinya ngendlela, uthola ukuyiswa e clinic nasesibhedlela mekufanele aye esbhedlela. i treatment bayidla ngendlela, ukuya e clinic bayangezikhathi ezifanele mekufanele aye esbhedlela uye adluliselwe, kanti*

[5] With regards to children, with the aims of giving love, support, and care, it has since expanded its services. To date, at its educare facilities (crèche and preschool), it provides early childhood development to 60 children. Here the main objective, according to the administrator, is, '*ukuthi zifundiswe mayelana nempilo ukuthi ziphile kanjani ukuze zivikeleke ekukhulelweni, zivikeleke ekudleni amadrugs ne HIV nayo yonke leyonto*' [so that they get taught on how to lead proper lives so that they are prevented from getting pregnant, drug abuse and HIV aids and all other negative things]. It also has an after-school feeding scheme for orphaned children.

> *ngesikhathi esekhaya bebengenawo imali yokuqasha imoto yokumyisa esbhedlela noma e clinic bebemane bemuyeka nje ngoba egula. Kodwa layikhaya uyaya esbhedlela, noma kungathiwa esbhedlela akaye namhlanje noma ikusasa nange lalelanga aphinde imoto ilokhu imphindisele eyalakhaya*
>
> [{Residents} get cared for properly, for example, some of them arrive here in bad living conditions, with dry skin because they were not eating, others their children would buy a pack of mealie meal and cabbage and take their money and this left them hungry and with nothing. When here they receive proper care, they drink their pills properly, they get taken to the hospital and clinic should there be a need. They get their treatment properly, they go to the clinic at the right time, should there be a need to go to the hospital they get admitted, but when they were at home they either did not have money to hire a car go to or their children would just leave them sick. But here the {residents} go to the hospital, even when they need to go to the hospital repeatedly, the car from this instituton takes them].

The administrator's account reveals dichotomous representations between households of origin and the old age home. On the other one hand, she has painted their households to represent a context where care did not dwell, as they were exploited financially by their children; where they were neither eating nor taking (or given) their medications on time. On the other hand, the old age home is depicted as a context where care dwells through the attention of staff. The administrator's account also reveals that the residents come from impoverished households where they depend on pensions, do not have money to go to hospital or clinic should there be need, and where there is a deficit of public transport. It should be once born in mind that these living conditions are characteristic of many rural areas in South Africa (Klasen 1997; Case and Deaton 1998; Carter and May 1999; Aliber 2003). They are situated against the backdrop of South Africa's post-apartheid-democratic landscape (Perret et al. 2005), including the implementation of manifold development policy reforms and strides which centre rural development and poverty alleviation (p. 7). Under their auspices, black South Africans have since seen their public spending confined to the inadequacies of public services such as health care, education, water, electricity, water, sanitation, and housing. Yet amid the vivid changes across many urban areas and townships of South Africa, deficient infrastructural developments and efficient policies on land reform and rural development planning, including eMlozane[6],

[6] As I was born in the area and lived there most of my childhood, I do recall the number of strides the local government implemented to bring about service delivery. If my memory serves me right, water taps were installed in 2009; electricity was introduced in 2007; pit/latrine toilets were introduced in the same year; and, Reconstruction and Development Programme (RDP) houses were introduced in 2014.

means most of the rural areas in South Africa lag far behind (ibid., 7). To date the area is characterised by grave shortages of basic services and socio-political, socio-economic and socio-cultural amenities such as housing, sanitation, water, and employment (Woolard and Leibrandt, 1999).

The institution is plagued with funding deficits. Funding periodically comes from companies such as the DG Murray Trust Fund, the National Lottery Fund, and the Department of Social Development (DSD). She continued that this is not enough, since they do not get it yearly, and that, '*ulotto akasixhasi yonke iminyaka, usixhasa nje ngaleso sikhathi, abuye axhase abanye, ngeminye iminyaka ahambe abuye asixhase mesi applaya*' (Lotto does not fund us every year, they sometimes support and sometimes others, and in some years they come back when we have applied). She added that, '*uDSD nawo ubuye usixhasa kwiside logogo, ukuze bakwazi ukuthola ukudla, badle, nasezinganeni eziyizintandane ezidlula layikhaya zidle zithole ukudla, nase crèche futhi u DSD uyaxhasa ukuze izingane zazecreche zithole ukudla*' (DSD supports on the side of the residents, so they could get food, even on the kids that are orphans who pass here to get food, DSD also supports the crèche so that the kids who attend the crèche can get food). The other funding sometimes comes from the local municipality, as she added:

> *Ay Umasipala sazama kakhulu bethi abanamali, sicelela lezingane eziyintandane nalezi eziphuma emakhaya ezingathathi ntweni, sizicelela ukhisimusi umasipala avele athi awu kuyabheda, akanamali. Abasixhasi shame. Into abasixhasa ngayo ukuthi nje uma kade beneworkshop mekukhona ukudla okuvuthiwe bakulethe la, bathi bazopha ogogo ukudla abasuke bekudla*
>
> [No we did try to solicit funding from the municipality for the orphaned children who come from poor households so they could have Christmas; they said they do not have any money. They do not support us at all. But when they had a workshop they do bring their leftovers here for the residents].

The institution therefore relies heavily on internal funding which is solicited from its beneficiaries, the residents and children. For the residents, it comes through what the administrator called a '*resident fee*', which she expanded on, by saying:

> *Abakhokhi imali eyodwa. Obedridden baneyabo, beselaba abakwazi ukuzi ukuzenzela yonke into babeneyabo. Kodwa ihlukana kancane, idlulana ngo 100 randi. Leyomali ke i cov(er) izidingo zokudla, amacosmetics, amanzi, ugesi, ngoba bageza ngamanzi ashisayo kwigeyser, ukukhokhela laba abasizayo, ukuya kwabo ezibhedlela ukuya kwabo emaclinic. Ngaphambilini*

> *kade beya ezimpeshenini bayohola. Sekungcono ke manje sekwaba nohlelo lokuthi imali yabo isuke kwi account yakaSassa izongena kwi account yalayikhaya. Akasekho umuntu othuthwayo ayiswe ephoyintini eyohola. Manje akusafuneki izithupha imali seyayizingenela… bayawuthola futh u pocket money. Bafike bakhokhe lemali ekhokhwa layikhaya, sibakhokhele umasingcwabisane*
>
> [{Residents}] do not pay the same amount. The bedridden and those who can do everything for themselves pay different amounts. It differs slightly with a hundred rands. The fee is then used to cover needs such as food, toiletries, water, electricity, because they are washed with hot water, it also pays for the caregivers, taking the residents to the clinics. Before they used to go to the municipal offices to get their pensions. It is better now since with the new developments it is transferred directly from their SASSA account to that of the institution. Now their fingerprints are no longer needed as the money comes directly. They first pay their resident fee, then we use the remaining to pay for their funeral policies].

During fieldwork to this study, the institution provided residential home-based-care to 40 residents (13 male and 27 female) who come from different places across rural KZN, spanning to different municipalities[7]. These include Newcastle, under Newcastle Local Municipality; Eshowe under Mlalazi Local Municipality; St Faiths and Umzumbe under Umzumbe local municipality; Gamalakhe, Godloza, Margate, Qina-About, and Nqabeni, under Ray Nkonyeni Municipality; Mtwalume, under Mdoni Local Municipality; Mgababa under eThekwini Metropolitan Municipality; and KwaMadlala, under Ugu District Municipality. I also learnt that they are referred, sent, and brought (admitted hereinafter) by their families relatives, caregivers, social workers, and community workers, not only because they are old, and suffer from old age-related illnesses, but there are also bigger interpersonal structures and predicaments at play. (I pick this up in Chapter 2.)

[7] The province is divided into 54 municipalities. This includes 10 district municipalities and 1 metropolitan (see http://www.kzncogta.gov.za/municipalities/).

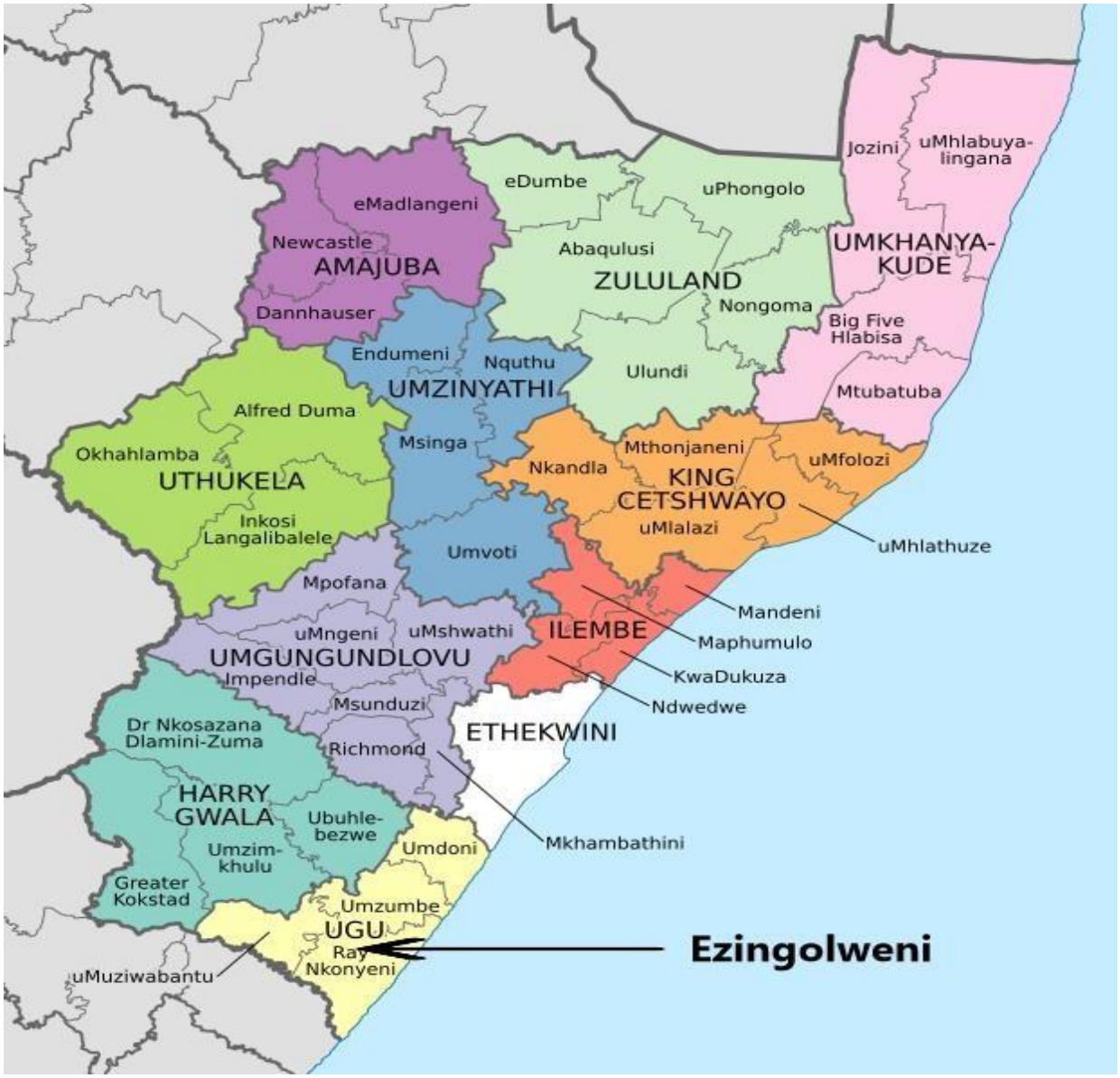

Figure 1. Map of KwaZulu Natal showing the location of the old age home and the different municipalities (municipalities.co.za/provinces/view/4/kwazulu-natal).

> *It was around 10 in the morning when my brother and I began my hour-long journey from home to Entokozweni Village For the Vulnerable. Of course, as it was raining, thanks to the rainy summer weather of KwaZulu Natal, I left home filled with much scepticism. Fortunately, as we were on our way, it decided to stop. When I was at least a few minutes into the institution, my preparedness for what was to follow, especially the lived realities of the elders housed there, was made possible by two elder women, who were walking ahead of me. While the other one was walking without any form of support, the other one, however, was walking with the aid of a walking stick. Upon passing them, I greeted them, Sanibona 'Hello', they responded, by asking 'uyingane kabani' 'whose child are you', I responded by saying, 'ngiyingane ka Thembile Mpisi' 'I am Thembile Mpisi's child'. I began to ask myself – could this be the mannerism in which I will be greeted and welcomed in the old age home, or these women asked me whose child am I as they have never seen me in the area before? Were they asking me because they could see that I was a stranger (Extract from fieldnotes, December 2017).*

Amongst many others, the description above pivots on questions of familiarity and strangeness. Anthropology always criss-crosses these relations. Our insider-outsider positions, even when we are doing research 'at home', demands close attention to our ethical relations. They also present us with limits to or/of anonymity, especially when we work with family members and people we know who might read the work, even if they do not.

My ethical considerations were shaped by the Anthropology Southern Africa's (ASnA) *Ethical Guidelines and Principles of Conduct For Anthropologists* (2005). This ethical guideline outlines measures that anthropologists should follow when doing research. In addition to obtaining informed consent, this includes telling respondents all there is to know about the project; what it will entail; that the information obtained will only be used for academic purposes; that their consenting for the work is voluntary, and, as such, should they see it fitting, they can always withdraw. In line with these guidelines, in my preliminary fieldwork, the first person I informed about the research, was the administrator.

My first contact with her was in the June-July university holidays of 2017. I went to the old age home, introduced myself, and, observing the recognised protocols, I told her that I would like to work with her, the residents, and caregivers between December 2017 and January 2018 when I return to the area to do research. On my return, at her request, I brought with me a letter of introduction from the University of Cape Town (UCT) explaining my work. This formed the basis for a discussion of the research and eventual consent from her as the institutional gatekeeper. She introduced me to the caregivers, from whom I also obtained consent. They then

introduced me to the residents, to whom I also explained to them what the work is about. They were instrumental in telling me who I could and could not talk to. As such, for this dissertation, with their aid, I worked with ten residents – Gog' Sam (aged 70 at the time), Gog'Nhlumayo (aged 67), Gog'Mercy (aged 74), Mkhul'Jele (aged 77), Gog'Gabuza (aged 85), Mkhul'Njapha (aged 93), Gog'Ngidi (aged 75), Gog'Mlangeni (aged 86), Gog'Nzama (aged 90), Gog'Mngadi (aged 75), Bab'Sibal'khulu (aged 59). The average life expectancy in KZN in 2018 was 58 years for mena nd 65 for women (Stats SA, 2018). My sample thus represents a cohort of comparatively long-lived elders. In addition to the caregivers' advice, I decided to work people who did not have psychological health related difficulties and who could engage in substantial and comprehensive conversations with me. Before interviewing or talking with them, I would ask the caregivers for specifics I should take into account, including what I should avoid bringing up to avoid triggering unnecessary stress or trauma.

As secondary respondents to this study, I also worked with the caregivers. In particular, I assumed that – despite the act that they are not old and could, in fact, be children and grandchildren to some of the residents - through their interactions and intimate relationships experiences and connections with not only the residents but also with aging, they would have an idea of what it is like to age (see Appendix 2). I draw on their ideas across the dissertation, engaging substantially with the findings that speak to their perceptions of aging in Chapters 2 and 4. Working with them also helped to paint a vivid picture of what being a caregiver and caregiving entailed, as observing and helping them neither painted nor demonstrated the 'full complexity'.

Admittedly, doing research with elders has its contingencies: in addition to derailing off during conversations and interviews, some often forgot my name, why I was there, and I what was doing in their rooms and lives, and even thought that I was one of the caregivers. In line with the recognised ethical guideline – which also stresses the importance of constantly reminding respondents the researcher's role – I had to constantly negotiate informed verbal consent, by telling and reminding them why I was there, what I was doing in their wards and lives. This was eased by my active involvement in the institution (as described later in this chapter), which also enabled the residents to be used to and comfortable with my presence in their wards. Upon their inquiry, it also allowed me to easily remind them of my presence in their lives and in the institution, that '*ngenza ucwaningo ngokuguga, ngizama ukuqonda ukuthi kuyini*

ukuguga kumuntu omdala ohlala layikhaya' (I am doing research on aging, to examine what ageing means for an elder who lives here in the old age home).

All the respondents knew me (and of me) through my mother, my family, and my grandfather, who was a mayor in eMlozane. They referred to him as, '*induna endala*' (the old mayor), and me, as, '*uyingane ka Thembile wena, ngyabona niyafana*' (you are Thembile's child, I can see the resemblance between the two of you). They also said, '*wena ufana nalapha ka Mpisi, enduneni endala*' (you look like people from the Mpisi clan, the old mayor), to which I would always respond, '*yebo ngiyingane yakhona, ngizalwa u Thembile*' (yes, I am a child from there, I am Thembile's child). This made it easy for them to consent for the work, to trust me, thus enabling me to create and maintain trust and rapport. It also made it easy for them to share their experiences with me, despite the generational differences. Their consenting towards this work was accentuated by the fact that I was doing research at 'home' – that is in an area in which I was born, which positioned me as a native anthropologist engaging in 'citizen anthropology' (Narayan, 1993; Becker et al., 2005). But how native was I? In social sciences, of the answers to this question is predicated upon what has been termed as positionality, typically referring to the multiplex strands of identification ('identity') that a researcher carries to the field which either impede or facilitate their subsequent entry. Included in here, but not limited to, are strands of identification such as race, class, gender, societal background, level of education and occupation, and, of course, the accompanying subjectivities, values, and perceptions, through which the researcher makes sense of their study problem.

While my identities, as a African-Zulu-black individual conducting research amongst other African-Zulu-black-people, and being from and born in the area, positioned me as an insider, or native, conversely, my other identities, such as being a Masters student from the University of Cape Town, my privilege and level of education, rendered me as an outsider. In this sense, then, I was an insider-outsider, or, a 'halfie' (Abu-Lughod, 1990; Narayan, 1993; Fassin 2017). Working with my biological mother, Mom' Thembile, speaks further to this, as it made me fluctuate between being a researcher (an outsider), and being a son (insider). As someone who has never been interviewed before, at least for a research project, she kept worrying about whether she was giving me the right answers. This implies an understanding of research that seeks specific answers. In reality, however, as this dissertation shows in the succeeding chapters, research is an interpretive art, or an interpretation of an interpretation, to use Geertz's (1973) terminology.

The recognised ethical guideline also outlines the importance of anonymity. This manifests through the use of pseudonyms towards protecting the privacy, identities, and integrity of the respondents. When I told all the respondents about issues and importance of anonymity and the use of pseudonyms to safeguarde that I neither compromise their identities nor harm them (Sieber, 2002), they responded with, '*enza okuright, uwena owaziyo okumele kwenziwe*' (do what is right, what is supposed to be done) or with, *'enza lokhu okufundisiwe eskolweni'* (do what you were taught at school). As such, on the account of confidentiality, integrity, and privacy of not only the respondents, but also other other residents, including my late grandmother, and mother whose experiences (and my experiences with them), I also use in this dissertation, and the research process, in its totality, pseudonyms have been used (Sieber, 2002). Despite giving them pseudonyms, to protect their identities, I should mention that my grandmother and mother still remain identifiable as linked to me.

In line with the recognised ethical guidelines, I warrantied that I would protect the residents from harm, granting how it may manifest in myriad ways. I took seriously how it may manifest should I be oblivious to their vulnerabilities and sensibilities. Lund and Engelsrud (2008) note the researcher may ask injurious questions, which may unintentionally elicit trauma, distress, and painful memories. Accounting for this, and acknowledging that their vulnerabilities and sensibilities may not be apparent, I sought advice from the caregivers. They warned me that some residents do not like talking about their age and that they are traumatised. Despite shunning conversing and/or posing questions that were about age and those which could have unintentionally elicited unnecessary trauma and distress, such as asking the reasons that led to them being sent to the old age home, this did not stop some residents from bringing up their painful memories and past traumatic experiences. Gog'Sam, for example, never grew tired of reminding me in our daily conversations, that, '*sihlukumezile mtwana, sidinga uthando, sihlukumezekile kakhulu sidinga ukululekwa*' (we are traumatised child, we need love, we are very traumatised we need counselling). Equally important, I also dismally failed to protect myself from the trauma and harm that erupted through interacting with residents who were bedridden, who could neither talk nor perform activities of daily living. As most of them were sleeping, motionless, helpless, in their beds – with only the up and down movement of their blankets showing a sign of breathing, of life, of being alive – I must admit that this reminded me of my late grandmother, who spent her last days in the same condition fighting to hold on just a little longer, more for us than herself. This begs the question of objectivity in (anthropological) research – in that, how does one distance themselves from that which they

are researching, especially if it is motivated by, stems from, situated, or, worse, imbued in/by personal experience? As I show throughout the thesis, my approach is intersubjective. I do not aim to be objective, at least in the scientific sense, but rather to generate a rigorous interpretation (Nyamnjoh, 2015).

Methodology: Of Participant Observation, Interviews, and Blurred Gender Identity

Throughout the actual fieldwork, I had three juxtaposed responsibilities, that I was initiated into doing by an apron that I was given (and expected) to wear at all times and throughout when on 'duty'. I helped the caregivers and cooking assistants to prepare the different meals of the day for the residents; to deliver food (and sometimes medications) to them with either a caregiver or cooking assistant on delivery duty; and to collect dirty dishes and have them washed. The latter activities allowed me to interact intimately with all the residents. While some would be already awake, sitting in their beds ready for their meals, others would be sleeping, which then required that we wake them up. Some were confined in their rooms, due to physical incapacities, and had their food delivered to them and placed on their beds or bedside cabinets. Others, who were not incapacitated and always mobile, preferred taking it in the dining room area, which, despite saturated by silences (see Chapter 3), created a beautiful imagery of sociality.

I also observed that while some spent their days, in bed, motionless, breathing, others spent them talking, to themselves (but in words that I could neither fathom, nor comprehend) and to their roommates, others only talked when spoken to; while some struggled to talk, others would just stare without uttering a single word. others wandered around to their designated 'destinations' before being taken or reprimanded back to their wards by the caregivers. On one occasion, as I was delivering lunch, I bumped into an old woman who frequented wandering about in the hallways. Since she was partially incapacitated, she used the walls to walk. After I had greeted her, I then took the liberty of asking, '*gogo uyaphi*?' (grandnother where are you going), '*ngyohola impesheni*' (I am going to get my pension), she responded, '*kuyaholwa namhlanje gogo*?' (Is it pension day today grandmother?) I asked, puzzled. '*Yebo kuyaholwa ngisaya ekhaya ngiyohola impesheni*' [Yes, it is, I am going home to get mine], she responded. '*Okay gogo uhambe kahle*' (Okay grandmother go well), I responded. I left her leaning against the wall, contemplating going and not going. When I told them about this, the caregivers told me that such occurrences were a norm. They then recalled how they found one resident wandering about in the main gate. When they asked where she was going, she told them she

was going to collect her pension. This sent them into confusion, as she was from a distant area, and because, as noted, her pension, together with that of others, is processed by the institution. This then made it clear to them that she was attempting to walk back home, or to escape back home and was not aware of the distance.

When considering the different ways in which time and space intersect and interact for different players within the institution, there appears to more to her 'wandering' than what meets the eye. Despite the caregivers (including myself) reading her going as wandering, in her thinking and mind, she was not. Alternatively, she was altogether purposive – she was going to collect her pension. To us, she was wandering, because her action was out of place or in the wrong place (as she was neither at home nor with her family), unwanted and out of time (as she was found walking about in a place and time where she was not meant to be doing so). Such a reading becomes plausible when we recall that caregivers only expected the residents to be (confined) in their rooms, sleeping or awake, in the dining room, or, in the open area.

As have already alluded to, delivering meals and collecting dirty dishes allowed me to also intimately see interactions and relationships between the residents and the caregivers. In particular, I learnt that the caregivers do not call the residents by their first names but alternatively, by their surnames and honorifics; that when called by other names, including nicknames, they did not respond. I also learnt that this was an institutional practice of respect (*ukuhlonipha*) towards the residents, which was also laden with institutional protocols that the caregivers understood to be the proper ways of giving care. Principles of respect and institutional protocols also underpinned other activities such as bathing the residents, giving them medications. This way, as taken up substantially in Chapter 4, it comes clear that both tropes control how relationships of care, caregiving, and care receiving unfold in the institution.

All the interviews were formal and structured. I scheduled them ahead of time when all the respondents were not occupied. The administrator permitted me to interview caregivers at times when it would not disturb the ordinary routines of the day, after they had delivered meals and medications to the residents. With the residents , despite them saying, '*thina khehle asenzi lutho, sihlala kanje usuku lonke, siyalala siphinde sivuke, siphinde silale*' [Son, we do not do anything the whole day, we sleep and wake up only to sleep again], I conducted interviews after tea or lunch, and when I had already collected the dirty dishes and washed them. All the interviews were conducted in isiZulu language which is/was predominantly spoken by all the respondents. Thanks to being cognizant of what gets lost in translation, including, for an

example, semantics, syntax, and other linguistic features, to not lose the intended meaning and depths in some utterances, I used direct/literal translation. With consent, the interviews were also recorded. I also kept a journal to record observations and analyses.

Politics of the Field

Unbeknownst, a bit later, when I was already waist-deep into fieldwork, it came to my knowledge that there was one important body from whom I had to obtain informed consent for this work, to interview the administrator, the caregivers, and the residents – the manager, Mam' Nkala (the wife of the late-former-manager and founder, Rev. Nkala). My first interaction with her was neither smooth nor pleasant and revealed that she was the first person I had to obtain consent from for this work. Our second interaction was an argument which erupted as she came to me while I was sitting down, writing field-notes, making sense of what was said by one of the residents, and preparing for the next sets of interviews. Though she had been standing from a distance and watching me, I only saw her when I was preparing to get up. Here is a brief conversation that transpired from this encounter (since I wrote it from memory, inviting the reader to do the same, I admit that some of the content may have changed or lost its original intended meaning):

Mam' Nkala: *Kwahlezi kubhalwa nje kubhalwa ini*?

(you are always writing, what are you writing?)

Sabelo: *Ngibhala amanotes*

(I am writing notes)

Mam' Nkala: *Akulunganga ukuthi ukhulume nabantu bami mina ngingazi. Mele ureporte e office ukuthi namhlanje wenzani, uzokwenzani, uzokhuluma nobani*

[It is not right for you to talk to people under my care without my knowledge. You must report to the office about your daily activities and to whom you will be talking]

Sabelo: *Ikhona incwadi evela eskoleni echaza ukuthi ngizokwenzani layikhaya, nokuthi ngizokhuluma nobani, ngizohlala isikhathi esingakanani*

[There is an introduction letter from school that explains why I am here, what I am doing, what I will be doing, whom will I talk to, and how long I will stay]

Mam' Nkala: *Yebo, ngiyifundile, but it is not enough! Wena mufika lana kumele u report(e) e office. Akulunganga ukwenza umsebenzi ngamaholidi. Kungakuhle nami ungibeke esithombeni ukuthi wenzani ngabantu bami*

[Yes, I read the letter, but it is not enough! When you arrive in the institution you must report to me. I do not approve that you are working during holidays. It would be good for you to tell me what you are doing with my people]

Sabelo: *Shuthi kwakumele u Sis'Zama enze I meeting phakathi kwethu sobathathu ukuze nawe uchazeleke ngomsebenzi engizowenza layikhaya, ukuze nakuwe ngithole i consent yokusebenzisa ikhaya lakho*

[This means Sis'Zama was meant to facilitate a meeting between the three of us, that way you could have known about the work I am here to do, this would have also helped me to obtain consent from you for the work in your institution]

This conversation changed how way I carried on with fieldwork in the institution. Instead of coming in to prepare and deliver breakfast, lunch, and medication to the residents, and thereafter conduct interviews, she became my first point of contact, as I would first go to her to report what my plans were for the day, what activities I would be doing, how I will be doing them and with whom I was planning to talk to and why. I would even share my prepared interview questions with her. It was through these daily actions, that showed me that she had given me full consent for the work. In fact, when considered deeply, my daily 'reporting' was a means of constantly negotiating consent from an individual who I would like to term a 'super gatekeeper'.

Henderson (2005) warns about the importance of sensitivity that researchers should account when interviewing respondents. This includes asking appropriate questions at the appropriate time, to shun from the possibility of being intrusive, disrespectful, and disturbing. Ethnographic fieldwork is imbued with power differentials and dynamics between researchers and respondents. Between myself, the residents, and the caregivers, relationships of power were derived from generational differences. As such, within and outside the confines of the interviews and conversations, I had to approach, talk to and with them with utmost respect. In the so called 'African culture', particularly 'Zulu culture', at least from my experience, disrespecting the elders is believed to be a conduit for '*iziqalekiso*' (curses) and '*isinyama*' (bad luck) that fall on the perpetrator (Harperin, 1987; Draper and Harpending, 1994; Weichman, 2017). I had to be careful when drafting and posing questions to the residents. In addition to asking them at the right pace and time, so to avoid from appearing rude and disrespectful, I also made sure they were easy to understand, simple, and open ended; that I phrase them at the right level of difficulty, so they could understand. To avoid being disrespectful when asking questions, I included their seniority names as suffixes. I rephrased and changed questions they responded to with, '*angizwanga baba*' to signal that they did not understand (See Appendix 1.2).

I also used life histories to tap into their experiences of aging as drawn from their past lives before admission (see Appendix 1.2). Life histories provided a sense into their interpersonal

structures and familial settings that were only shaped by their aging but that also shaped it. In effect, this allowed me to collect and document individual lived experiences, narratives, and patterns that permeated throughout. As I show in the next chapter, drawing their life histories, residents see themselves as having been abandoned.

Chapter 2
Kungathi silahliwe lapha
'It is like we are abandoned here'

Introduction

The general ideal and consensus are that, because of their importance to/in African households and communities elders should stay in homes and communities, as opposed to being sent (away) to special homes designated for their old-age-related needs (e.g. old age homes, nursing homes, hospices) (Ekpenyong and Peil, 1985; Breckenridge, 1993). This, amongst others, has led to them living in multi/intergenerational overcrowded households where the co-residents are faced with caring responsibilities, or where, if not, they carry the caring responsibilities themselves (Brody, 1990; Ackermann and Matebesi, 1998; Kimuna and Makiwane, 2007). Even though in some contexts such institutions are available, they neither can go nor compete for them due to their poor economic conditions and unstable political economies (Coetzee, 1999; Kimuna and Makiwane, 2007). In some contexts, however, lived realities and structural contexts dictate otherwise. Resulting from socio-political and socio-economic forces – such as families finding it difficult to continue absorbing them in family relationships and community at large, family nucleation, and urbanization, to name a few – there have been increases to African elders being uprooted from traditional and cultural familial settings and relocating (sometimes under duress) to special homes (Coetzee, 1999). The implications that this has for their perceptions of the aging process still remain ambiguous, if not, unknown. Recognizing that the residents consider themselves to having been abandoned, this chapter traces the process of estrangement (family estrangement). In so doing, it considers that it is an outcome of collisions between life histories, interpersonal structures, predicaments, the aging process, and how people respond to (and treat) old bodies in decay and transition. Ultimately, through tracing their life histories, it shows that the aging process alienates family members from elders and, in turn, the elders from family members; that it causes cut-offs, losing touch, and disturbances, to traditional obligatory family relationships and loyalties of care.

Meeting the Residents: Setting the Stage for Abandonment and Estrangement

In the course of fieldwork, I was taken aback by how all the residents were only visited by members of their former churches. As Gog'Sam explained, church members come to the institution since, '*njoba silana lana khehle asikwazi ukuya emabandleni ethu so ibona abasivakashelayo*' [Son, living here makes it impossible for us to go to our churches, so they come to us]. And, in the same vein, in a service that was brought to one of the female residents who was incapacitated and bedridden, the preacher said, '*silethe inkonzo kuwena ngoba wena usuhlala layikhaya futhi awusakwazi ukuzihambela*' [We have brought the service to you because you live here and are unable to walk]. When the caregivers told me the residents do not get visited despite waiting the whole year (and sometimes for years) to be either visited or taken back home, I asked the administrator:

Sabelo: *Sis'Zama ongtshele, kungani engathi abanye abantu abadala sebehlala layikhaya nje*?

(Sis'Zama explain to me, why does it seem like some of the elders now live in this home permanently?)

Administrator: *Izimo zasekhaya ezenza ukuthi bagcine sebehlala lana, kube sengathi balahliwe, abanye abanayo imindeni, abanye banemindeni, abanye banezihlobo, abanye abanazo*

[It is home situations that make them to end up living here, such that they look like they are abandoned, while some have family and relatives others do not]

Sabelo: *So ngamanye amazwi Sis'Zama, khona abagodukayo nabangagoduki*?

[So in other words Sis'Zama, while there are others who go home there are others who do not?]

Administrator: *Ibona abasemakhaya ababalandayo ogogo, babavakashela kanye noma kabili ngonyaka. Bakhona ke abangathathwa, abahlala la December to January, January to December, abavakashelwa kanye in 5 years. Khona abanye abangakaze bavakashelwe selokhu bafika layikhaya Thina siyaye sifise ogogo bonke bahambe beyodla ukhisimusi emakhaya bajabule nemindeni kodwa ke akwenzeki ngoba izimo zabo azifani. Imvamisa yalaba ehambayo ilaba abazihambelayo bese kuthi laba abalele phansi i most yabo abalandwa ke bona. Abanye bayeza abantu basemakubo abanye abezi. Uyalazi udaba abantu abafuni ukushintsha ogogo amanabkeni…iningi labo abazalanga abanazo izingane laba abahlala la. Manje ngoba ugogo engenazo izingane akekho umuntu ozomnakekela, ahlale ezihlotsheni, zimhlukumeze, zidle imali yakhe yena agcine engasatholanga lutho. Kubonakale ukuthi akazohlala la abanye abanazo izinkinga emakhaya… ukuthi izingane ziyasebenza. Bahlala bodwa emakhaya. Mhlampe abazukulu bafunda ezikoleni ezikude, kubewukuthi ke ugogo usala yedwa ekhaya, bese bayamletha la*.

[It is people from home who come to take the elders home, who visit them once or twice a year. Some do not get taken home at all, they stay here year-in, year-out, others get visited once in 5 years. Others have never been visited since their admission. Whilst all wish they could all go home to celebrate Christmas and be with their families, it does not happen as their situations

are different. While those who are independent often go home, those who are not do not at all. You know that people do not like to change their diapers … most of the elders who reside here do not have children then sees them resorting to living with relatives who abuse them by taking their pensions and leaving them with nothing. Others do not have problems at home. It is just that their children are working. They live alone at home. They come here because maybe they are left alone as their grandchildren attend schools that are far from home].

The administrator's response foregrounds juxtaposed interpersonal structures and settings that make the move of the elders to the institution to occur involuntarily, as they are incapacitated and lacking the autonomy to physically care for themselves. It reveals that institutional residence becomes the only solution when the process of aging and the changes it comes with become too much of a burden for others (such as children, grandchildren, relatives, etc.). It suggests the motivations for why these groups of people resort to sending elders to the institution instead of absorbing them in what are assumed to be obligatory family relationships and loyalties, including in close and distant kin networks. It speaks to how the process of aging and bodily transitions alienates children and grandchildren from their parents and grandparents. It speaks also to how the process of aging and the underlying interpersonal structures and predicaments in which it is embedded, causes disturbances to obligatory relationships and loyalties implied by a local model of care that are traditionally due to the elders because of their positions and importance.

Below, I offer case studies that both introduce the residents to this study and demonstrate some of the different reasons that elders came to be living in the institution. Recognizing that they consider themselves to having been abandoned, I then argue that being sent away makes them estranged from their family members, such as children, grandchildren, siblings, and distant kin networks. Whilst the themes of detachment, disconnectedness, separation, strangeness, cutoffness, and losing touch, remain constant and overlap in these accounts, they shape estrangement, or more specifically, family estrangement. In this onset, therefore, the following case studies are a prelude to my tracing and discussing family estrangement as it relates to not only the process of aging but also the sociocultural pressures and settings that shape it.

'I do not know if I should forgive my brother or have him arrested': The story of Gog'Sam

Before her admission to the Village in 2003, Gog'Sam had been living with her only brother. She always reminded me that, '*mina mtwana yathi indoda mibona ukuthi ngikhubazekile futhi ngiyinyumba yangishiya yazeka omunye unkosikazi yathola abantwana abayisihlanu, amantombazane amabili nabafana abathathu*'[My child, when my husband discovered that I

was disabled and barren he left me for another woman who gave him five children, two girls and three boys]. Speaking to why she was sent to the institution, she added:

> *… into engenza ngihlale layikhaya ngani yami mina angizalanga, izingane zamfwethu izona ezazingiphekela, zingiwashela, zingenzela yonke into umfwethu wathi aziyeke ngambuza mina ukuthi uthi ngizonakekelwa ubani … ngaxabana nomfwethu wangishaya … eshaya udadewabo ongaboni… ingakho ke ngila… isocial worker nomakhelwane abangiletha lana omakhelwane baxhumana ne social worker ngalethwa lana ke ngoba umfwethu wathi angihambe emzini wakhe… wayethi angiyephi ngoba phela anginamuzi ngalahlwa indoda*
>
> [My child, I live here because I do not have children. My brother's children used to cook, wash, and do everything for me. When he told them to stop, I asked him who will take care of me… we then had a fight which saw him hitting me … his own sister who is blind … that is why I am here… the neighbours contacted a social worker who then brought me here because my brother said he does not want me in his home… where was he saying I should go because I do not have a home as my husband left].

Gog'Sam moved to the old age home because of tensions in her family. Those tensions endure: her brother and his family seldom visit her and had not done so that year.

'My sisters hate me that is why I am here': The story of Gog'Mercy

Gog'Mercy had been a resident in the institution since 2015. Before her admission she chronicled that:

> *Ngangihlala ngedwa emzini wami, ngingenamuntu ongiphekelayo, ongiwashelayo. Izingane sezahamba ekhaya. Sezikhulile zishadile zangishiya ngedwa*
>
> [As my children become old and got married, they left me alone at home, with no one to cook for me, to wash my clothes].

There is another story to this, which, as told by the caregivers, deeply motivated her admission. They told me that after her daughters left her alone, her sisters took her in: she lived with them for a while before they decided to admit her after she was diagnosed with diabetes, became 'stubborn',[8] '*wayengezwa*' (did not listen), and them believing that she had mental disturbance. Her sisters felt this way as not only did she not listen but also did not abide by their house rules,

[8] As part of the South African socio-cultural lexicon and colloquialism, this word is often used to describe a person who is unruly, difficult, argumentative, uncooperative, and disobedient.

refused to take her pills, and had an intolerable short temper. Sis'Sthah, one of the caregivers exemplified by saying:

> *Ugog'Mercy akuve enenhliziyo encane. Like masidlala lana amagames nabo ogogo, vede angafuni, uthi uyamkhulumisa avede akubuke nje angasho lutho.*
>
> *Sometimes uthi umphonsela ibhola avede alithathe aliphonse phansi or akushaye ngalo*
>
> [Gog'Mercy is very short tempered. Not only does she not participate in games whenever we play with them, she also does not respond when you speak to her. Sometimes when you throw the ball at her, she either tosses it down or hits you with it].

I pondered whether, as her sisters, the caregivers and administrator diagnosed her with mental disturbance building only from the fact that, as they put it, '*akezwa futhi unenkinga umtshela into azenzele okwakhe*' [she does not listen and she has a problem whereby if you tell her one thing she does the completely opposite]. While it is clear that her sisters took her to lift her out of the solitude that her daughters left her in, when I asked her when last did they come to visit her, she told me that, in addition to stopping all communication, '*bagcina ukungibheka ngisanda kufika lana*' [They last came to see me after admitting me here in the institution].

'I gave everything to my brother': The story of Gog'Nhlumayo

Before her admission in 2014, Gog'Nhlumayo had been living with her only brother. This living arrangement was abruptly disturbed by her forgetfulness which she attributes to the process of aging (see Chapter 3). Speaking to how it revoked her fitness and capacity to stay with her brother and the community at large, thereby motivating her admission, she said:

> *Ave ngikhohlwa. nginenkinga. Umfowethu nje ibhuku lami lasebank, yonke into ngathi akuhlale kuyena ngoba lawo masenti engingawothola lapha emsebenzini ngadeda naye… kwawuyena olungisa yonke into. Yonke into… kukuyena nje. Ngoba ngingenangane ezonginakelela ngoba umfowethu esebenza, wabona ukuthi njoba ngihlala eNtuzuma, KwaMashu, ngeke kulunge izingane zizodlala ngami. Wangitholela indawo la*
>
> [I have a problem with being forgetful. I gave my bank card to my brother whom I said must also handle everything, including the wages I used to receive when I was working. Since he is working, and I do not have a child to take care of me, he moved me here as he felt that continuing to stay at Ntuzuma, KwaMashu, will not be good for me as children from the community will play with me].

Although her phrasing '*izingane zizodlala ngami'* means 'children from the community will play with her' and is the same root verb as 'to play', it is used here to infer that they will take advantage of her, or worse still, that she would become a victim of crime, ranging from theft

to rape or assault (Kasiram and Holscher 2015; also see Nunlall 2015). It also implies her brother's fears, that, '*babezothatha imali yakhe yasemsebenzini neyempesheni*) (they would have taken her salary from work and her pension) – both which she was probably not going to remember. When I asked her, '*Gog'Nhlumayo, wagcina nini ukukuvashela ubhuti wakho'* (Grandmother Nhlumayo, when last did your brother come to visit you), she said he altogether stopped visiting a while ago, and concretised by saying, '*awu loyo mntanami usefana nomuntu ongekho angisamazi nje nhlobo, selokhu ngafika asisazani nje nhlobo angisamazi nje nhlobo*' [Ever since my admission he has become similar to someone who is no longer there, we no longer know each other, I do not know him at all]. In other words, she considers that the move push them into detachment and made them strangers, a reading that also holds true for Bab'Sibal'khulu.

'My wife left me; I only have my sister': The Story of Bab'Sibal'khulu

Before his admission in 2012 – a process that was facilitated by a neighbour who is also a caregiver in the institution– Bab'Sibal'khulu had been living at home with his only sister, as he does not have children. The administrator and caregivers described him as asthmatic. His own self-description was, '*nginesifo sofuba sasemgodini*', which translates to a disease of the lung contracted during mining. He frequently used an oxygen concentrator, which he told me helps him to breath properly by cooling off the hot air around him. His sharing that he worked in the mines accumulating dust – which could be could be the reason behind why his lungs have what he called '*izinhlayiya ezimnyama*' (black residues), and their being '*fucked up*', a colloquial term that he used to describe his damaged lungs, as was shown to him by chest xrays he did before his admission – made me wonder whether he has silicosis, or silicotuberculosis[9] (see Hnizdo and Sluis-Cremer 1991; Corbett et al., 2000). This assumption holds true when I consider his account later in the paper, which reveals that he developed symptoms of lung disease due to being exposed to dust in the mines.

Ever since his admission he told me that he has never been visited; not by his ex-wife, distant relatives, or by his only sister, whom he never grew tired of complaining about, saying,

[9] Due to the exploitative nature of mine work, which exposes workers to dust and other particles on end, silicosis or silicotuberculosis has been shown to be one of the leading causes of mortality amongst miners in South Africa and many other parts of the world where mining is one of the cornerstones of the economy. They are also reported to be of the reasons why some miners are 'let go', due to becoming unproductive (see Mulenga et al., 2005; Mabin 2003; Rees et al., 2010; Murombo 2013; Melo et al., 2016).

'*wayehlala ekhona ekhaya, engisiza, engiphekela, engikhelela amanzi, engilandela amaphilisi*. *Manje njengoba sengilana asisazani nhlobo Mpisi*' [She was always there for me when I was at home, she always helped by cooking, fetching water, and pills for me. Now that I am here we do not know each other Mpisi]. Like the above cases, his phrasing seems to suggest that he considers how his admission profoundly changed and disrupted family loyalties and relationships, and that it pushed and separated people who were once close and knew each other into a state of detachment and disconnectedness, such that they became complete strangers. By this premise, while painting his household as a context that conditions obligatory relationships and loyalties of care, he has painted the institution to be its stark opposite; as a context that abruptly disrupts them.

'I am a woman and my sons were unable to take care of me': The Stories of Gog'Mngati, Gog'Gabuza, and Gog'Ngidi

Before her admission in 2015, Gog'Mngati had been living at home with both her sons and daughters. Her admission followed for two interplaying reasons: the first is the case of ruralurban-migration as was practised by her daughters who went to Durban to search for greener pastures. She remarked:

> *Amadodakazi ami ahamba aya eThekwini eyofuna umsebenzi ahamba unomphela angabuya, aze athola abantu azwana nawo. Awashadanga nabo. Ahlala nabo lapho khona…*
>
> [My daughters went to Durban to look for jobs, but they never came back as they stayed there until they found partners. Although they are not married, they stay with them there…].

The second is her stroke:

> *...njenjoba ngashaywa i stroke nje namantombazane ami engekho, abafana bami babengeke bakwazi ukungisiza ngenze ezinye izinto njengomuntu wesifazane kwase kubonakala ukuthi angize lana, bangiletha lana. Babengeke bakwazi ukunginursa njengomuntu wesifazane ofanele ukuthi akhulunyiswe izingubo kanjalo*
>
> [As I was hit by a stroke, and my daughters away, my sons decided to bring me here as they were unable to help me with some activities as a woman. They could not nurse me as a woman who requires that her clothes must be taken off].

Rigid gender and age roles played an important part in the decision to place Gog'Mngati in care. More so, alongside her stroke, these also alienated and further disturbed the obligatory child-parent relationships and loyalties of care, thereby presenting the underpinning

responsibilities with limits. This way, when considered delicately, the stroke made her sons resort to moving her to the institution as not only the acceptable alternative and solution but also since it is a space which conditions the gendered care, they were unable to give her. The same remains true for Gog'Gabuza and Gog'Ngidi, both of whom were admitted in 2015.

When I asked Gog'Gabuza why she was living in the institution, she replied with:

> *Ngashonelwa ubaba ekhaya ngangihlala ekhaya mina ngingenalutho nomfana wami. Ngashaywa istroke ngaxabana nomakoti ngathi ngyezwa kuthiwa gogo sizokumuva uye ekhaya labadala, ngase ngithi mina ohho, ningisamanje ezingolweni ukuze ningilahle, niyongilahla laphana. Base besethi bona ay gogo uyohlala kamnandi ekhaya labadala uzonakekelwa, bakhona no nurse bazokuphatha kahle….*
>
> [After losing my husband, I was left at home with my son and his wife. After I was hit by a stroke and fought with my child's wife, they then said they will move me to an old age home, I asked them and said you are moving me to an old age home so you can abandon me there. They said no Grandmother, there are nurses there who will take care of you and treat you well….].

The administrator added:

> *Wayehlala nengane yakhe yomfana. Manje wathi mayeshaywa istroke kwabonakala ukuthi undodana lona ngeke akwazi ukumnakekela ngoba yena uwumntu wesilisa futhi ngeke akwazi ukumnakekela. Base omakhelwane baxhumana no social worker waqedwa walethwa ukuthi azohlala layikhaya*
>
> [She lived at home with her male child. When she was hit by stroke her son was unable to take care of her. The neighbours then contacted the social worker she was then brought here]

Adding a different layer, Gog'Ngidi responded with:

> *Ngihlala lana ngoba akukho muntu, anginabani, anginababa, anginamama, anginadadewethu. Izingane zami zimbili. Yashona lena yesibili kwasala lena yokuqala. Le yokuqala inomuzi wayo. Le yokuqala yangishiya nabantwana. Kwafuniseka ukuthi zyafunda izingane akekho umuntu ozonginesa waqede undodana wangiletha lana ngoba ethi akulunganga ukuthi ngihlale ngedwa*
>
> [I live here because there is no one, I have no one, neither a father, nor mother nor siblings. I have two children. The second one passed away. Despite not staying with me at home since he has his family and household, the first one left me with his children. But since they still go to school and are always away, he then brought me because I had no one to take care of me].

Like the cases above, Gog'Gabuza and Gog'Ngidi complained that their families had abandoned them as they had not visited them since they had been admitted. These accounts speak to the ways that what elders saw as traditional obligations due to them were undermined by the household forms, changing marriage patterns and migration norms of the next

generation, and by the specific afflictions of the elders. These meant that care could not be made available in the forms the elders anticipated; families were unable or unwilling to attend to them, and in some cases, strong gender norms stood in the way of proper care. They hint also at external circumstances that shaped care provisions; fears about crime index a complex social world that was unsafe for elders to navigate.

'My relatives brought me here' vs 'my children brought me here': The Stories of Gog' Mlangeni, Gog'Nzama, and Mkhul'Jele

Before their admission in 2014, Gog'Mlangeni and Gog'Nzama used to live with their relatives as their daughters stay far, and their grandchildren have grown and have their own lives and families. When they got hit by a stroke, their relatives admitted them since they could no longer take care of them. Gog'Nzama added with:

> *Ekhaya besihlala nomakoti wasekhaya kithi, umakoti wakithi nezingane. Zakhula izingane ngazikhulisa. Manjena ke zaphuma zashada. Bakhulile sebenabazukulu. Bashada bahamba sasala sobabili. Naye umakoti bahamba ekhaya nomfwethu. Sashona umakoti akusekho muntu imina ngedwa esengisele. Ngathi uma ngishaywa istroke kwaba ibona abazukulu abangiletha ngoba bona bafunda kude futhi bahlezi bengekho*
>
> [Before my brother and his wife left the homestead, I used to live at home with them and their children. He died and left the two of us with his children. When his wife died, the children grew up under my care until they became old, got married, and begotten grandchildren. Now that my brother and his wife have since died and I am the only one left. When I got hit by a stroke, the grandchildren admitted me here because they study far from home and are always away].

Before his admission in 2004, Mkhul'Jele used to stay at home with his children and wife. His children admitted him after he was involved in an accident at a New Year's Eve party which left him paralyzed. Despite being resuscitated and taken back home, he got hit by a stroke a few days later. This not only accentuated his paralysis but also saw his wife leaving him, '*ngoba wayesekhethele uyena'* [because she could no longer continue taking care of him], as he put it. As they could not continue taking care of him as they also they became tired, it is his children who consulted a social worker to have him admitted. Their becoming tired of taking care of him only occurred after a while of his inherent dependent on them, for care, support, and aid to perform activities of daily living (see Chapter 3). As with the other cases, considered this way, I want to suggest that over time, his paralysis and disability paralysed and disabled his children, thereby making his admission to an institution with 'abled' people as the only acceptable solution and alternative. When I asked him when last his children had come to see him,

implying how, as the other elders, he waits and hopes that they will arrive, year-in, yearout, he said, '*ay abakofiki, bayeza nje ngibalindile, ngibabhekile nje ukuthi bangangena noma inini bezongithatha bangise ekhaya*' [No they have not come yet, I am waiting for them as they can come in anytime to take me home]. Before turning to further analysis, the final story I offer here is that of Mkhul'Njapha. As you will see, familial relations, danger in the home and his medical needs propelled his family to admit him for residential institution and care.

'I used to live at home with my nephew': The Story of Mkhul'Njapha

Before his admission in 2014, Mkhul'Njapha used to stay at home with his nephew. He told me that he was admitted by a social worker in conjunction with his children. The administrator told me that his nephew had started to take his pension funds. That fact, plus his athsma meant he needed medical care, and were the grounds on which a social worker was consulted, and the decision taken was that he must be sent to the institution. Suggested here is that his sister's child abused, stole, and preyed on him. Such a reading holds true, since he added, '*bengiholelwa ingane ka dedewethu, ahole anginikeze eyotshwala ke neyokudla, eningi ikuyena eningi*. *Kodwa ayi akanginiki yonke*' [My nephew used to collect my pension, he would get it then give me some for alcohol and food. Most of the money remained with him as he did not give me all of it]. When I asked him when last his children had come to visit him, he shared, '*bafika ukhisimusi usudlilile bezongibheka behamba ngemoto. Bafika bengiphathele idonono namasi*' [They came on a car after Christmas to check up on me. They came carrying Danone (a brand of yoghurt) and *maas* (soured milk) for me]. His mentioning of these food items, usually associated with children, seems deliberate, and, as I explore in Chapter 4, speaks to the resonances of aging with social understandings of childhood.

The life histories and stories I have sketched above speak to the absence of larger kin groups. Meshed with other socio-economic and socio-political processes such as increased female migration, rapid unavailability of young adults, rural-urban migration, they also speak to failures of networks of support and the diminishment of care functions within them; to families and family structures and settings where gender roles are too rigid to enable care; to the absence of those directly responsible for care or believed to be responsible to care; of complex set of interpersonal circumstances such as bodily failings, cognitive, and memory impairments. They reveal how the elders and family members are embedded in familial interpersonal and social worlds, facts, and demanding circumstances that are constantly ever changing in ways they can neither control nor circumvent (Shaibu, 2000), that make family loyalties, connections, and

relationships less binding than they used to be or than elders expected them to be. Intertwined with the aging process, and the bodily changes attributable to it, these processes not only made it hard for them to secure their place in family life, interpersonal relationships and other relationships, but also, ultimately, implicated that their old bodies, decline, decay, and rupture, became the grounds, and sometimes the battlefields on which decisions were made, which circumstantially saw them (more others than others) move from one place to another, from one circumstance to another, from one relationship to another, and eventually, to their 'end' 'destination', the old age home. In their new residential home, they constitute a society of elders for the young people in the orphanage, even as their own capacities are in question by their kin and caregivers.

Against this backdrop, I want to suggest that their life histories and stories also speak to dichotomous representations of the old age home. On the one end of the spectrum, to the family members (relatives, siblings, children, grandchildren) who send the elders, it represents (and is likewise imagined) as a sanctuary and place where they will be taken care of, as is principled and was constructed under this mandate; where they will receive the care they were not able to give them. Ultimately, against demanding circumstances, it represents (and is) a solution and response to decline, decay, and transition. On the opposite end of the spectrum, to the elders, however, it represents failure, neglect, disappointment; that once there, they feel that their family members are going to neglect and push them to abandonment. It represents not only disruptions, and potentially, an end, to family relationships and connections, but also a place where their families will no longer care for them; where care is externalised. This is confirmed by residents who said: '*sahanjiswa ekhaya labadala ukuze silahlwe*' [We were brought to the old age home to be abandoned], or *'balahliwe*' (they are abandoned), in the recognised phrasing of the administrator. The IsiZulu language phrasing carries pejorative connotations; it is used here to refer to that which is seen worthless and has circumstantially lost its value, place, and use. The term may resonate with Biehl's (2006) examination of abandonment in Vita, Brazil, where – due to juxtaposed nets of social inequalities steeped in and magnified by failures, hierarchies, and unaccountability of medical and public health systems – non-persons, or his grim term, 'ex-humans', such as the ill, the mentally ill, the unproductive, the jobless, the sick, the frail, and the invalid, are dumped to die, socially and metaphorically before dying physically. Here it is used to talk to being dismembered, dislocated, and this awful term – cast off. It should be once noted, however, that is not what the residents in my research are alluding to. Instead, they provoked this term as a response to a response; to say that they have been

abandoned since they are seldom visited by people whom they expect to visit often. This way, therefore, I want to suggest that they are not abandoned, as their life histories and stories reveal that they are neither sent nor dumped in the institution to die, metaphorically or physically (although of course some do die whilst in the institution; see Chapter 4). Alternatively, due to demanding interpersonal circumstances and pressing social realities, families make decisions that they consider to be ideal for the elders, which the elders view with suspicion.

This is accentuated by other phrasing they used, such as, '*ngavede nganyamalala abasayazi indaba yami, abasazi nokuthi ngiwubani*' [I suddenly disappeared and evaporated, they do not know me, they do not even know who I am), and, '*asisazani nhlobo*' [we no longer know each other at all].

Their phrasing '*nganyamalala*', which I have translated directly to disappearance and evaporation[10] implies, metaphorically and literally, therefore, how they have pushed them into a world of nonexistence despite still existing; it implies not their disappearance but also their families and kin's love, care, concern towards and for them, as they no longer knew who they were to them, 'a somebody,' to them. By this premise, through being moved to the institution, they appear to consider themselves to have become non-persons to their loved ones, as their phrasing speak to how they consider themselves to have been stripped off their sense of belonging, worth, importance. That is, the move not only made them disappear from their families, but they also consider themselves to have become invalid, unknowable, and people who have lost their place and importance in the family as they deem kin no longer know who they are.

They seem to be implying a process of family estrangement that they largely attribute to being sent to the old age home, since it seems to have pushed them and their family members into distance, disconnectedness, separation, and detachment. A large body of existing literature defines family estrangement as loss, disruption, distancing, cutting off, and losing touch between family members, i.e. parents and their adult children, and between family members in intergenerational households (Davis, 2002; Agllias, 2011), resulting in a phenomenon termed as 'detached relationship', or more so, a 'discordant relationship' (Silverstein and Begston

[10] These are the only equivalent translations of this word to the English language. Whilst the translation holds, it misses the pejorative meanings and constructions the word denotes and carries in the IsiZulu language. I am here suggesting that the isiZulu language, the word carries more weight and depth as opposed to its translated counterpart.

1997; Van Gaalen & Dykstra, 2006). And in later life, this is attributed to intersecting factors, including for an example, intense and unending conflict (alongside the belief that there are no solutions to end family tensions), negative interactions between parents and their children, abuse, divorce, and rejection (Lebey 2001). In later life, within the contours of family estrangement, Agllias (2013) takes this further by recognizing two forms of estrangement, namely, physical and emotional. the former occurs when one or more family members stop any form of contact (including visits, mail, and telephone calls) with other family members; the latter, when family members maintain some obligatory contact that is largely characterized by infrequency (p. 309).

In the context of the institution, I want to suggest that these processes unfold in a twofold juxtaposed manner. The first occurs before admission as the result of elders' bodily changes attributable to the aging process, that distances, disconnects, separates, detaches, and eventually, estranges family members, children, siblings, and grandchildren from them. This further disturbs the sociocultural ideal model of care and caregiving – that family members (especially their children and grandchildren) ought to take care of the elders when they become unable to physically care for themselves (Catteil, 1990; Adamchak et al. 1991; Apt 1993, 1996; Apt et al., 1996). The second occurs during admission when they are in the old age home as their family members seldom visit. This way then, the old age home appears to accentuate and concretise an already existing distancing that abruptly removed critical dimensions of the form of personhood that elders are socioculturally entitled to or anticipate.

Conclusion

In this chapter, I have shown that the process of aging is a socially intersubjective experience and enterprise, that is experienced and made, not only by the elders but also by those around them, with whom they are in 'obligatory' relationships. Conceding that it also abruptly dislocates people, moving them from proximity to distance, in reading this, it is of paramount importance to consider the role that social structures play in shaping human experience, how people experience, shape and respond to each other's experiences and lived realities, and equally, how people's responses to social structures shape and control how they respond to each other. I have shown that while residents feel abandoned because they are in a place of care, this may not be the most accurate descriptor of their experience. As I have shown, the concept of estrangement seems more apposite to their social, emotional, and, as I show in the next chapter, to their physical experiences. Recognizing how the process of aging distances family members

from the elders and vice versa – moving them away from familiarity to unfamiliarity, thereby disturbing cultural obligations, ideals, regimes, expectations, and traditions of care – it would be a mistake not to account how it also makes elders unfamiliar with themselves and their bodies, thanks to losing a sense of themselves they were so used to, making them occupy a world that nothing could ever have prepared them for. As taken up in the next chapter, I am here referring to self-estrangement or self-alienation.

Chapter 3
Subjective elderliness: Experiencing Aging and Self-estrangement

Introduction

At least from the African continent, little to nothing is known about what and how the process of aging is like when drawn from the elders' perceptions and experiences (see Chapter 1; Literature Review). This follows since it is often studied indirectly, as the emphasis is put on people with whom they are in relationships, 'obligatory' and otherwise. This includes their carers/caregivers, should they be in old age institutions, and children and grandchildren (their own, including orphaned and fostered), who play a caring responsibility for them and for whom they also play this a role (Cattell, 1993; Apt, 1994; Oyenyude et al., 2013). Elsewhere, it is shown that they perceive, understand, and describe aging in negative terms; as a stage of vulnerability and disability; and of declines and decay in health and physiological functioning (Martine et al., 1997; Jang et al., 2004; Mosser et al., 2011; Warmoth et al., 2016; Ingrand et al., 2018). Building from the previous chapter, this chapter examines elders' self-perceptions of aging. Drawing from bodily transitions they attribute to and perceive as natural processes and features to/of aging, which also predicate their conviction that they are undergoing aging (Calnan, 1988), the chapter shows that aging estranges them from the sense of themselves they were once accustomed to. For some, their perceptions are largely related to bodily health and physiological functioning across several factors, including memory and cognitive functioning, medical conditions, and quality of life. For others, theirs bring to the fore questions of physical death (and proximity to it), social death, losing power (bodily vitality) and moving from autonomy to complete dependence. Foregrounding this is Gog'Sam's comment, that, '*Abafiki ke estejini sobudala abantu ngendlela efanayo* [People do not reach old age in the same way]. She reveals that elders neither reach nor experience the process of aging similarly, and equally, that from one elder to the other, reminders and signals of aging differ and come in myriad forms, despite being scripted, understood, and made material by and through the body.

Where Physical and Social Death Meet

I met Mkhul'Jele in the very first weeks into fieldwork. My first meeting with him was when the caregivers were showing me the rooms where the elders sleep and spend most of their time. I entered his room, and adhering to the cultural modality of respect due to him, I greeted him, using the 'standard Zulu greeting' – '*Sawubona baba, unjani, uyaphila?*' (Hello father, how are you, are you well?). It was here that, while I was waiting for him to respond, by saying, '*Yebo ndodana ngyaphila, wena unjani*' (Yes son I am well, how are you) – 'the standard Zulu response' – he instead responded with, '*akusikhona ukuphila lokhu*'. His response translates to 'this is not living', 'this is not life', 'this is not health'. In isiZulu, the multivocal word, '*phila*' indicates three constitutive interdependent states of well-being – living, life, and health. By the same token, these states are also translated and carried by another multivocal word within this language, '*impilo*'. Amongst people who identify as Zulu, both words imply to an understanding of the wholeness of the human being in well-being, as it indistinguishably relates to the body, health, life, living, and mind. In more nuanced terms – as suggested by scholars such as Ngubane (1976), Burgland (1976), Vilakazi (2000), Rushworth (2000), and Cousins (2014), who are ethnographers of what could be termed as the 'Zulu-body-in-well-being' – the terms speak to the intricate social intersections and harmony, between the cosmological, the spiritual, the social, and the individual, alongside their bodily health, and how they constitute each other in the crafting of the wholeness of the 'Zulu person' or 'Zulu being' through language.

Familiar with the meanings, drawing from the tenet above, I interpreted him as saying that, because of his complete dependence to others, as he is under the care of strangers in an alien environment void of all familiar support structures and comforts, he considers himself to be not whole, neither with himself nor his surroundings. In the same manner, it could also be used to maintain that his dependence, alongside that of other elders, brings to the fore questions about what life, living, and health looks like, should be, and how they are imagined. Acknowledging this, as articulated through his self-perceptions of aging, I should, however, point out how this tenet misconstrues what he is provoking and entering through language to speak to self-alienation. Feeling the weight and depth in his utterance, which erupted an astounding visceral reaction in me, I responded, by saying, 'ay *baba asibonge ukuthi inkosi isasigcinile*' (no, father, let us be grateful that the Lord has kept us). To which – in endorsing his sentiment, in a tone that suggested that he was complaining, and possibly tired, he responded, by saying, '*ay*

akukhona ukuphila lokhu, ukuhlala kanje ungenzi lutho nje' [this this is neither living, life, nor health, all I do is sit here and do nothing]. As this captures only a fraction of what he was communicating, I will revert and elaborate on the meanings he is speaking to later in the chapter. Since this called for further investigation, throughout the research, our interviews and conversations revolved around it. Here is an example drawn from the same conversation:

Sabelo: *Ingaba ukuguga kuqonde ukuthini kuMkhul'Jele njengoba ekholwa ukuthi ugugile nanokuthi uthi akukhona ukuphila lokhu*?'

[What does aging mean to Mkhul'Jele as he believes that he has aged and as he also says this is not life/health/living?].

Mkhul'Jele: *Kuqonde ukuthi uyanakwa ungazinaki wena. Awukwazi ukuzinaka wena ngendlela efanele obukade uzinaka ngayo. Kuqonde ukunakwa ekhaya*

[It means being taken care of by others and not yourself. It means that you can no longer take care of yourself the way you used to. It means being taken care of at home].

Sabelo: *Usho ukuthi njengoba unezingane ekhaya wabona ukuthi ugugile ngoba izingane zakho izona ezazikunakekela ekhaya*?

[As you have children back at home, are you saying you saw that you have aged because they were the ones taking care of you, and that this is what ageing means to you?].

Mkhul'Jele: *Ehhe, izona ezazinginakekela kulesimo engikusona, zingisiza ukuthi ngigeze, zingenzele ukudla, zingisiza ukuthi ngishintshe. Akukhona ukuphila lokhu kuhambisana nakho ukuguga lokhu. Angithi manje mele unakekelwe…ubona la usunakekelwe ekhaya ukuthi uyaguga ke manje, masukhuluma into ongayazi uze ubone ukuthi lokhu angisakwazi impela, angisazazi, angikwazi ke lokhu, angisakhumbuli impela*

[Yes, they were the ones who were supporting me in my situation, who helped me by bathing, cooking and changing my clothes. This is not life/living/health ties in with aging. Since you are taken care of, that is when you see that you are aging … when you also begin to say things that do not make sense to you, such that you see that you no longer know what you are talking about, and do not remember some of the things you said].

Paralysed and stroke-ridden, Mkhul'Jele had very limited mobility. His words remind us of the limits of life while living, of a deep discomfort with the mode of living and the implications it 'presented' him with; of how the process of aging alienated him from himself, from his normal; what he was used to. As housed in his self-perceptions of aging, this is suggested by three interplaying factors he is self-conscious of: he lost his power over his body, and his ability to take of himself, and relinquished the latter to his children; he also is self-aware of failing cognitive faculties, which he attributes to saying things that do not make sense to him. To use his terminology, by saying, 'aging means being taken care of at home by his children', he, therefore – as conditioned by the child-parent-relationship – considers how his mode of living indexes and is indexed in a world of intimate relationships, care, connection, and obligation.

He is speaking to a negation of life in the forms it is ideally understood and lived. Whilst his utterance does not necessarily signify death as such, it gestures in that direction. In that, he speaks to a form of social death, as he seems to consider himself to be in a symbiotic relationship with death, despite living; to be dead whilst alive or living, or, to be in 'death in life'. As I have shown, this holds for two interdependent motivations; first, through his saying, '*akukhona ukuphila lokhu kuhambisana nakho ukuguga lokhu, angithi manje mele unakwe'*, and, second, his above complaint to my response – '*ay akukona ukuphila lokhu, ukuhlala kanje ungenzi lutho nje*'. Read against the reading of social death, his phrasing '*akukona ukuphila lokhu*' translates to 'no this is death', which holds true because of the negation of his multivocal word, 'phila', which he is blatantly refuting. For him, therefore, sitting and doing nothing, day in, day-out, sun-up, sun-down, as brought to him by his complete dependence, has made him to be purposeless and unproductive.

His utterance also beseeches that we trace his self-alienation to where it possibly began. It first takes us to a time when his life was 'normal' – when he was an elder but not incapacitated, could perform day-to-day tasks without needing assistance, and had not had a stroke. Then, at the opposite end, it takes us to a time when he was both an elder and incapacitated, all of which resulted in him moving from capacity and independence to incapacity and dependence, and eventually to feeling a sense of loss – losing a previous life he enjoyed and a sense of his body as familiar. With this in mind, therefore, his form of social death also functions as a metaphor, to signal the death of a previous life and sense of self he once had. I am suggesting here that while he seems to recognise that he is coming closer to physical/actual death, in hindsight, he is also grieving over a life he once led.

Such a reading has bearing for other elders, as it suggests that self-alienation could be traced back to not only when they lost a life they once led and its implications but also to bodily transitions they attributed to the process of aging. But unlike Mhul'Jele, theirs is physical death. Drawing from the many ailments they have which they attributed to aging and the process of aging, other elders complained that physical death is the resolution to their misery.

Take for example, Gog'Sam, who lost a sense of herself and life she once had when she not only became blind and barren, but also lost her ability to get aroused and be attracted to the opposite sex – a reminder of aging framed asexuality in old age (Taylor and Gosney,2011) and going through menopause (ukungayi kumaperiods), bodily transitions she ascribes to the process of ageing, or more so her perceptions of aging. And Gog'Mngati whose focus are implications of not menstruating, the inability to have more children, despite wanting more.

She said:

> *Yize noma ngangifuna ukuba nezingane eziningi, ngabona ngokungayi kumaperiods nokungabatholi abantwana ukuthi hhayi sengigugile ke manje. Ikona ukuguga ke lokhu*
>
> [Even though I wanted to have many kids, my not getting any and not going to periods is what made me see that I am old and that I am undergoing aging].

When menopause is concerned, it comes to mind that for both these elders, this inevitable bodily transition not only inhibited their gendered abilities and expectations of reproducing but also moved them into another social status[11]. I am in no way oblivious to how for Gog'Sam, this was inhibited by her barrenness (see Chapter 2). I should add that, alongside her blindness, for her, the experience of aging also channels the sentiment that it would be better if she were dead. Here is a conversation in which she endorsed this sentiment:

Sabelo: *KuGog'Sam, njoba ekholwa ukuthi ugugile, ingabe ukuguga lokhu kuqonde ukuthini*?

[As Gog'Sam is convinced that she has aged, what does aging mean to her?].

Gog'Sam: *Mowuphila ungenalutho impilo inhle kakhulu kodwa mawugula ayikho yinhle… into engiyibonga unkulunkulu umqondo awukakalahleki. Ngithandazela wona manje, ukuthi nkosi angazi ngoba yini Jehovah*

[If you are alive and are not afflicted, life is very beautiful. But if you are sick it is not … one thing that I pray and thank god for is that my mental health has not yet declined. I pray for it now as I do not know what I will be if it were to decline].

Sabelo: *Kahle engizama ukukubuza ukuthi kuwena as umuntu omdala futhi okholwayo ukuthi ugugile, ingabe ukuguga kuqonde ukuthini*?

[In simple terms what I am trying to ask from you as an old person who believes they have aged, is what does aging mean to you?].

Gog'Sam: *Angazi ngingakhuluma ngithini ngoba ngihlale ngiziqalekisa ngithi nkosi ungibekeleni nginje, ngingaboni nokudla engikudlayo, ngingaboni nento engiyigqokile, ngingaboni kwani. Ngihlale nje ngisho njalo phambi kwa Jehovah…*

[I am lost for words because I always curse myself, asking the Lord why he has kept me when I am in this condition, when I do not see anything, neither the food I eat, nor what I wear. This is what I always say to Jehovah].

In addition to begging existential paradigms, by drawing from her experience and situating herself in them, she seems to suggest that, in old age, one's life is beautiful and good when one

[11] Literature demonstrates that in many Nguni societies, menopausal women as opposed to their younger counterparts, are not allowed to enter the kraal and tend to cattle. This reveals how these gendered ideals shape how ideals about bodies and persons are made (see for example Helman 1984).

does not have any infirmities, diseases, or disabilities. As housed in the context of the sentence and the conversation in its totality, such a reading is taken from her word, '*ungenalutho*'. This model has also been used to examine quality of life in old age, through the lens of a framework studies frame as 'successful aging', or 'aging well', which manifests through bodily components that elders must exhibit in old age. This includes less susceptibility to the risk of disease and disability; maintaining physical and mental functionality; engaging with life; maintaining a sense of wellbeing; having meaning, purpose, and value (not only to themselves but others); and autonomously perform activities of daily living (Row and Kahn 1997; Baltes and Carstense 1997; Sarvimaki and Stenbock-Hult, 2000; Richard et al., 2004; Tang et al., 2004). She meets this model, and while she is self-conscious that her mental health has not yet declined, she also considers her life to be neither beautiful, good, nor that she is aging successfully or well. In addition to saying, '*siyagula thina mntwana*' (we are sick my child), she also said:

> *… zikhona izinto ozizwayo uma usumdala nezifo ke. Mina nginoshukela njengoba ungibona nje emqaleni. Ushukela wenza isikhumba sibabe, kuyaqaqamba amathambo. Ebusuku awunabuthongo uma unoshukela. Ngidla amaphilisi ezigulo ezintathu, iBP, ushukela, namathambo*
>
> [Whilst you feel things when you become old, there are also illnesses. I have sugar diabetes as you can see my neck (pointing to her neck with rash). Sugar diabetes makes the skin itchy. My bones are painful. At night you do not fall asleep when you have sugar diabetes. I take pills for three illnesses, blood pressure, sugar diabetes, and arthritis].

Revealed here is that aging is an embodied experience that elders situate in the infirmities they attribute to it. It reveals when it 'starts'[12], it dislocates them from a sense of their bodies they were so used to. I am suggesting here that it becomes a framework through which they come understand and learn about their bodies anew, as pathologies, or as pathology related, or pathology laden, if not, pathology prone. In Tulle and Krekula's terminology (2013: 8) this is the idea that their aging bodies become "the dynamic receptacle of [their] existence, [are] tied

[12] Whilst the elders to this study hold that the process of aging starts at particular chronological ages, which they validate through drawing from their experiences and perceptions, not barring that it is also maintained by social, cultural, and economic institutions, studies also reveal that the process starts the day we are born, as our bodies begin to decline under the gaze of growing/developing. This then begs an interesting question, that after being born, do we grow up or age? I am in no way oblivious to evidence from literature that both processes are socioculturallly constructed and likewise, experienced.

up with [their] deepest sense of self". Such is a view that reads their aging bodies are a locus, not only of their aging experiences, but that also of knowing and understanding their bodies. They concretize:

> *This is my body, I recognise this body as mine. Even if I don't particularly like my body, I still experience it in intimate ways and this is a reminder of my existence and of myself as I have developed a very long relationship with it. Over time I may grow to fear what happens to it and seek ways to reassert myself by negotiating a changed relationship to my body. This renegotiation might also be prompted by others for whom my body represents something negative or undesirable*. (p. 8).

Stretching the notions of death that Mkhul'Jele and Gog'Sam provoke, for others, however, such as Gog'Mercy, aging blatantly means being proximal to physical death. When I asked her what does being old mean, she said, '*kuqonde ukuthi sengizofa… ngoba senginoshukela nje for three years nomzimba wami ubuhlungu, ngingazi, ngizwe sekuqaqamba amadolo nezinyawo zibe buhlungu, ngivele ngibone ukuthi ay sengimdala manje, ngoba kuwu one ngizovele ngibone sekuwu not ngife*' [It means I am going to die. As I have had sugar diabetes for three years, as now [i.e. at this moment] it is one; I will see soon see a zero then I will die]. The numbers she uses suggest she is counting down to her 'end'. The one represents where she currently is, her proximity to death, as implicated by her age and her diabetes, her life that is nearer to the end. The zero is the 'end', since the number represents nothing, a non-quantity. In more nuanced terms, both these referents seem to position her as betwixt between life and death. Where life, with the little ounce of it left, is represented by the number one, and death, is represented by zero, the end, where she passes on, possibly to a new being, as an ancestor for her sisters and children (see Chapter 4). I am in no way disregarding that we are always positioned between life and physical death, with the latter perhaps more certain, unpredictable, and inevitable than the former. I should mention that, she, as elders in general, is positioned closer to physical death in terms of chronology, despite the assumption that they are deeply enriched in living, thanks to the forms of personhood that are bestowed upon them and the kinds of respect they are entitled to. Like Mkhul'Jele and Gog'Sam, her case reveals for us a sense of living a life that is not worth living or that cannot be called life, since aging and the changes it comes with alienated her from it.

The cases I have recognised thus far are telling of how, despite being positioned proximal to death, the responses to its proximity differ. Such a reading is brought home more clearly by Gog'Gabuza, whose view on death stands in stark contrast to that of Mkhul'Jele, Gog'Sam,

and Gog'Mercy. Building from her chronological age as referent to her aging, in addition to saying, '*ngikulindile ukufa mesekufikile kufikile… ngilinde isikhathi nje sizofika noma inini*' [I am waiting for death as it can come anytime now], Gog'Gabuza also said:

> *Ukuguga kumina kusho ukuthi ngibusesekile uNkulunkulu usangigcinile. Ngibona futhi ngesikhathi esengisihlalile njengoba ungibona ngineminyaka emingaka. Angiguli nhlobo ngagula ngisekhaya ngingakezi lana. Ngashaywa istroke. Ngathuka sengisesibhedlela angazi kwenzekani. Ngike ngadumba lana ngezansi kwenkaba sengilana okwaqala ngokuthi mangikhohlela kube kuhlungu esiswini*
>
> [To me, aging means that I am blessed as God has kept me. I see that I have aged through the number of years I have lived. I am not sick at the moment, as I fell sick whilst I was at home before coming here; I was hit by a stroke. I woke up in the hospital not knowing what had happened. I once got swollen under my belly button whilst here in the old age home, which started by pain in the stomach when I cough].

For Gog'Gabuza, aging and reaching old age are a product of divine providence. While the other elders perceive illness as intrinsic to the process of aging, her words suggest that she does not. She not only blatantly distances herself from being sick, but also does not draw her perceptions of aging from it. Despite getting hit by a stroke before admission, she does not regard this infirmity as a natural process and feature of aging. Against Gog'Mercy's view on death, it becomes vivid both these elders' sentiments imply an emphasis on the difference between embracing death and passing on, waiting for it and being ready for it when it comes, and believing that being old means and equates to proximity to death. In fact – one day in a conversation, in which I was inquiring why they love sitting in the dining room area, where at times they sat to eat, or sat basking in silence, in each other's silences, as though they enjoyed each other's company – Gog'Mercy cemented hers:

Sabelo: *Yazi Gog'Mercy selokhu ngafika lana ng'yabona ukuthi niyathanda ukuhlala lana*

[Grandmother Mercy, ever since I started working in the institution, I have been noticing that you all love to sit here]

Gog'Mercy: *Yebo s'yathanda ndodana*

[Yes, my son, we do]

Sabelo: *Yebo gogo isikhathi esiningi nihlala menidla ekuseni, nasemini, nantambama, kodwa kuyenzeka futhi nihlale nizihlalele nje, ningenzi lutho, ningakhulumi, kodwa makwenzeka nixoxe nixoxa ngani nje coz noma I Tv i on aniyibuki*?

[Yes, grandmother, despite that most times you sit here when you eat in the morning, during the day, and in the evening, you do also sit without doing anything and without talking. But if you talk what do you talk about because even when the TV is on you do not watch it?]

Gog'Mercy: *Siyahlala sibukane nje bese sixoxe ngokufa ukuthi into esesisalele njengoba sihlala lana ayikho ngaphandle kokufa*

[We sit and stare at each other, then talk about death, that, as we stay here it is the only thing left for us]

Her utterances also talk to two forms of deaths; one is the inevitable death, of passing on, that comes to us all; the other, is social death, which only holds upon considering their sentiments (recognised in Chapter 2) that they were sent to the old age home to be abandoned and disappear. Despite saturated by silences, their coming together, seems to be way to counter social death, while facing the inevitability that for some passing on might be closer than others. This way then, we might argue that the work done by the caregivers, though suspended between distance and proximity (see Chapter 4), anchors the elders into the life they were alienated from. Examining attitudes and understanding of death amongst the elders of Kwahu of Eastern Ghana, where both religious and traditional discourses collide, Van Der Geest's study (2002) shows contrasting sentiments. Whilst other elders look forward to death, due to afterlife promises, of ancestorhood, of joining family members who have passed on, others however, say they are tired of living, thanks to difficulties such as physical incapacities and disabilities such as blindness and having amputated legs, and would like to pass on. For such elders, as is for Gog'Mercy, and Gog'Sam, death is the relief and resolution they so yearn because of living a long, hard, difficult, and strenuous life, due to aging, particularly the realities, anomalies, changes, and difficulties it comes with. Since most of the times in the old age home the elders sat in silence, I cannot speak to what they were saying about death. I must admit that this silent was almost impenetrable – it was as though they did not want to be spoken to, that speaking to them was out of place, especially when not coming to give them food or medications.

To Gog'Mercy's equation, Bab'Sibal'khulu added another factor. Despite denying that he has aged, by saying, '*ay Mpisi, angikakagugi, mina, isikhathi sokuguga asikakafiki. Fanele ukuthi mase ngiqedile u sixty yabona ke sesingaqala sisho ke lapho'* [No Mpisi, I have not aged, my time to age has not yet come. It is only when I have passed 60 years of age that I will consider myself to have aged], he also said:

> *Bengiphila impilo enzima kanjani nje, ey bengiphila impilo ebuhlungu. Ngatholwa uthuli lwasemgodini ngabuya ngeza ekhaya bengakaze laphana bakwazi ukuthi bangihlole. Kushukuthi ngisuka le bengibona ngiright ukufa akukakasuki. Ukufa kwasuka sengingalana isikhathi eside*

[I had a difficult life. I got exposure to dust in the mines but did not get the appropriate diagnoses. When I left my job, I was healthy and the illness had not obvious. I only became ill

after being home for some time]. While in Western thoughts and metaphysics, death is an end point, here, however, it is in itself a process. It is not surprizing that Bab'Sibal'khulu describes his illness equating to death and dying. In the isiZulu language, illness translates to two multivocal words, one his, 'ukufa' and second 'isifo'; both mean death or death-related, though the former often translates to illness or suffering. It is worth mentioning that not all illnesses are referred to like this, but only those that are deemed as deadly, such as Tuberculoisis, '*isifo sofuba*' or '*isifo sesphepha*',

HIV/AIDS, '*isifo sesandulelela ngculazi ne sifo sengculazi uqobo*' (see for an example Finlayson 2003). Throughout my research in the institution, he never grew tired of qualifying and concretizing such a conception of illness within the language. As per my responsibility, of delivering food, to him and other elders, he always said, '*ngyasha Mpisi, ngyasha Mpisi, ngyasha*' (I am burning Mpisi, I am burning Mpisi', I am burning) or, with, '*ngiyaphila Mpisi, okungatheni, ngi in and out*' (I am well Mpisi, but it means nothing, I am in and out). To make him feel better, I always responded with, '*asibonge ukuvuka Sibalukhulu*' [Let us be grateful that we woke up Sibal'khulu]. As related to his description of his illness, his adverbs – '*okungatheni*', and '*ngi in and out*', seem to suggest that he considers himself in a liminal space-time. And as such, due to his deadly illness, being alive means nothing and is equally purposeless. I am suggesting that though he is alive, and he sees himself in the world of the living, because of his illness, he knows that passing on is inevitable as he could pass on any time. Such a reading draws life from the meaning of his word 'okungatheni', which in the IsiZulu language is often used to connote that which has become in vain, meaningless, and that which has been stripped of its importance.

This does not necessarily apply to how other elders felt about sicknesses or aging. In fact, to use Calnan's (1988) words, during the research, not only did they regard some illnesses as part of the aging process, they also believed taking their medications kept them alive. They invoked bodily changes such as forgetfulness that not only made them believe that they were aging but also dislocated them from seeing, navigating, and seeing their worlds in ways they were used to. Calnan (1988) and Karp (1988) argue that forgetfulness is also a predictor that elders hold is not only attributable to but is also an early sign and process of aging. As such, since they strongly believe that it is only caused by aging, they are less likely to seek medical attention.

Using their chronological ages to validate forgetfulness, Gog'Nzama and Gog'Nhlumayo, maintained, that, '*thina sesyakhohlwa manje, sesifike esikhathini sokukhohlwa*' [We are forgetful now as we have reached a legitimate time to become forgetful]. Chronicling how they forget, they added:

> *Wonke umuntu mesefika esikhathini uyalibala nje. Into uyibeke la uyifune uze ukhathale. Ukhumbule ukuthi ngangihleli kanje ngiyibeka, ngiphinde ngyohlala khona lapho bese uyabuya umqondo lapho.*
>
> [When everyone reaches old age, they become forgetful. You put one thing in one location and look for it until you become tired. You then remember through recalling the position you sat in when you were putting it].

For others, it is their bodies in dis-ease, such as having bodily aches that they also validate through their chronological ages. For example, in addition to saying '*iminyaka yami iyasho ukuthi ngigugile'* [my age confirms that I am old], Gog'Nzama, added that, '*amathambo, ngyaphila nse, amathambo nje. Manje izingalo zyakhathala*' [My bones are what is bothering me, there is nothing wrong with me. My arms also get tired]. Here, she has separated her bodily aches to her sense of self. In that, though she is fine, her body is not or at least, it does not feel that way. Mkhul'Njapha said, *ngabona ngokuthi ngigugile ngokuthi ngihola impesheni nanokuthi ikhanda lingqoqha*' [I saw that I have aged through getting pension and through losing hair and having gray hair]. I neither asked what age his head started becoming gray nor when his pension started, thanks to knowing that in South Africa, old people qualify and start getting paid their 'old persons grant' when they are 60 years and above – when the states recognises and endorses that they are old. For others, bodily dis-ease came through transitions in their bodily orientations, including strokes and tiredness, which took them from knowing to not knowing, which altogether changed how they made sense of their bodies. I am here suggesting a dual sense of knowing and moving between knowing and not knowing; from knowing their bodies and not knowing their aging, to knowing their aging and not knowing their bodies. While some were able to express their experiences, others could not. This was the case for Mom Thembile, Gog'Ngidi, Gog'Nzama, and Gog'Mlangeni. Despite being 51 years of age in 2017, during the fieldwork, Mom Thembile has, for as long as I can remember, been maintaining that, '*ngigugile*' (I have aged), or, '*sekuwukuguga lokhu*' (this is aging). She elaborated:

> *Ezinye izinto angisakwazi ukuzenza kahle kahle. Angisakwazi ukuma isikhathi eside ngivele ngikhathale nje hayi njengakuqala. Umzimba wami ngiwuzwa ungasafana njengakuqala. Sengiba nje nokuhlala ngikhathele*

> *engathi ngingaba nesikhathi sokuthi nje ngilale. Ngike ngikhathale ngivuka kungekho msebenzi engiwenzile. Ngikhathele nje*
>
> [I cannot do other things properly. I cannot stand for a long time as I just get tired unlike as before. I feel as though my body is not the same any more as before. I am always tired to an extent where I feel like there must be a time where I must sleep. There are times where I wake up feeling tired having not done any work. Just tired].

Although her her dense word, '*khathala*' in IsiZulu can be used negatively and positively referring to whether one cares or not. Her using it in this context alludes to her sense of fatigue and exhaustion. While tiredness lasts for a short period of time, fatigue and exhaustion last longer (Hardy and Studenski, 2008) And of course, when this happens in old age, such that tiredness surpasses the feeling of being/feeling tired, such that it becomes chronic, this is usually symptom of chronic fatigue and exhaustion. In this sense, then, her waking up tired, having not done any work, strenuous or otherwise, opens up the space to consider that she has chronic fatigue and exhaustion; both physically drained and metaphysically exhausted. In a study working with elders ranging between 67-98 ages, Morgan et al (1988) demonstrate that it is normal for some elders to believe some bodily transitions to be intrinsic features and outcomes of the process of ageing, if not its manifestation. They also show that this belief even prevents some elders from seeking medical attention (p. 427). Examining fatigue and exhaustion as they relate to aging, Avlund notes whilst both are subjective experiences that cannot be measured and understood objectively, there is also more to them than what meets the eye, and adds that,

> *On the one hand, for some old people they are often symptoms of underlying psychiatric or medical illness, such as cancer, heart disease, depression, chronic lung disease, hypothyroidism, multiple sclerosis, and rheumatoid arthritis. On the other hand, for some old people it is not possible to identify a physiological or psychological cause, and fatigue becomes a syndrome, which the older person must attempt to manage in all daily activities. With no known specific biological marker or other possible causes, fatigue in older adults is a complaint which is not fully understood*. (2010: 100).

In addition to validating their aging experiences with their chronological age by saying that, '*sesikhulile nje ngoba sesizoba na hundred, seskhulile*' [We believe we have aged as we are about to reach 100 years of age] Gog'Ngidi and Gog'Nzama responded with:

> *Sashaywa istroke umzimba isingezansi sonke sangishaya ngezansi izinyawo. Sashaya ngala nangala sangishaya kulengalo. Mekuqala kubakhlungu kuqala yona iminwe le kuyehlika kushaye ngemumva kuye emlenzeni. Kwayivele kwayikona ke ukuthula kwami. Sasingasakwazi ukuhlika embhedeni. Sehliswe sibekwe ngaphandle babuye basibuyise. Sesyahluleka*

manje ukwenza izinto ebesizenza. Besikholelwa ukuzenzela singafuni ukudependa kumuntu kakhulu. Ayaphela phela amandla. Into ekhathazayo asisakwazi ukusheshisa njengakuqali ... sekuyikho ukuguga, iwona amasayini lawo

[The stroke hit us from the waist down. It also hit both sides of our bodies. The pain starts from the fingers to the spinal cord then goes to the legs. That is how we became paralysed. We could not even get out of bed. We used to be taken down, outside, and back inside. We are now unable to do activities like we used to do. We believed in doing things for ourselves as we did not want to depend on others. Our power gradually ended. One tiring thing is that we are now unable to do activities as quickly as before. We believe these are the signs of aging].

And, building from this and commenting on its implications, the dislocation and gradual end of the ability to fully live life as they were used used to, before aging, Gog Mlangeni added that:

Ngabona ukuthi sengigmdala ngokuthi ngingakwazi ukuzenzela lutho. Emadlebeni ngyezwa nasemehlweni ngyabona. Ngangingasakwazi ukusukuma. Ngasengingakwazi ukuzenzela lutho, ngingasakwazi nokuphenduka, ngingasakwazi ukwenza lutho nje umzimba usukhathele. Ngaqale ngahamba ngenduku ngiyacabanga unyaka wonke noma iminyaka emibili. Kwathi kusuka kwangasavuma kwangathi zingaba zimbili. Mengithi ngyahamba ngifune ukuwa. Kuthe kusuka ngakhathala izandla zifuna ukwehla zyofika phansi, ngase ngabona ukuthi sekuwuguga sengimdala, yiwo amasayini lawo, sekuyikho ukuguga lokhu

[Despite not hard of hearing and seeing, I saw that I was ageing when I could no longer do anything independently. As my body lost its strength, I could neither stand up nor turn. I then used a walking stick for a year if not two. When it became ineffective, I started feeling like I needed two, as whenever I tried walking, I would slip to a point of nearly falling. Thereafter I became really tired, to an extent where my arms felt like they wanted to go down].

Gog'Mlangeni's account shows that what she considers to be the signs of aging came to her like a wave, of symbol after symbol, determinant after determinant, for all which, since she was convinced that they were an outcome of aging, she did not go to a doctor for a check-up, to determine the underlying cause – a reading that also holds for others. This way then, her stroke appears to have became the final stroke in the weakening of her body. She said:

...ngaqede ngagula, ey angazi ngizosho njalo ngithi ngashaywa I stroke ngoba ngavele ngaphela, nje ngashwabana nje into engachazeki. Kumanje ngishaywa inkwashu ize iyofika emlenzeni phansi ngamadolo. Angikwazi ukuphenduka, selokhu ngafika ngilele kanje

[I then became ill. As I do not know how to describe what was happening to me, I will simply say that I was hit by a stroke, as I just suddenly ended, not only did my body become wrinkled, it also became something inexplicable.

> I currently have spasms that run from my upper body until reaching my knees. As I cannot turn, I have been sleeping in the same position ever since I arrived here].

In other words, since it only qualified as a predictor of aging, to her, her weakening body did not indicate that she was ill. Against the sharp changes in her body, that she considers having been a stroke, her words, '*ngavele ngaphela*', and, '*into engachazeki*', seem to suggest that she became alienated to herself as she could no longer recognize her body. I am here emphasising the ending to her normal body and understanding thereof, which moved her from familiarity to estrangement, and, thence, to inexplicability. Her phrasing speaks to the difference and disjuncture between embodying an experience and articulating it in words I would like to term as the 'language of experience'. It reveals that conventional language quails in the face of experience such that people are unable fully to articulate what they are going through when they become unfamiliar to themselves, and so end up in silence, or, if not, they attribute their experience to the next (if not only) available scapegoat in question – aging.

Conclusion

Amid the already existing suggestion – that the process of aging alienates elders from expected relationships of care, with family members, such as children, siblings, and relatives – this chapter shows that it also alienates them from themselves; that it dislocates them from a sense of themselves they once knew and were familiar with. This self-alienation is blamed on the process of aging that elders consider themselves to be undergoing, which they endorse through their chronological ages. This presents us with collisions between an understanding and embodiment of what ageing is, how it manifests, and chronological age as an external validation, if not, a lens. As I have shown, isiZulu, with its dense and layered meanings, allows shades of experience to be conveyed – a word that in one context may mean illness may, in another, denote a state close to death. And, as I have shown, sometimes even so rich a language fails and silence is made to hold what remains of life. And while for others the process of aging saw them relinquishing their bodies to others, for many it saw them relinquishing themselves from themselves. Yet for others, the process in itself begs existential questions, that manifest through questions around physical and social death, life, and living.

Chapter 4
From the Gaze of the Caregivers: The State of Address and the Making of Elderly Persons in an Institutionalised Setting

Introduction

This chapter explores how the process of aging is experienced and understood by the caregivers, whose relationship with the residents sees them occupying a liminal space of distance and proximity. It shows that the residents must be respected despite their abilities to physically care for themselves. It shows that this modality is saturated by social understandings of growing old and institutional protocols of caregiving. In particular, the chapter pays particular attention to three models of elderhood, 'elders as children', 'elders as grown children', and, 'elders as *amadlozi*' (ancestors). Yet, while the first two models are inextricably juxtaposed, drawing life from first-hand experience in the institution, the last is a suggestion. Considering that the aging process is understood in ways that resonate with social understandings of children and elders, and with a particular focus *ukuhlonipha* (respect) and the underpinning cultural practices of linguistic taboo and avoidance, the chapter further explores the limits posed by the constellation of these tropes. Showing that the model through which aging is understood by the caregivers and the administrator strips the elders of their agency, the chapter then shows that their agency can only be recognised when we account the capacities to do for themselves despite the restraints.

Caring between Distance and Proximity and Suspended between Knowing and not Knowing

As a point of departure into this chapter, I should mention that the caregivers draw their perceptions of aging as they are betwixt and between distance and proximity with aging. While they are proximal to the process of aging, its nuances, and physical workings, made material, such that they see, feel, touch, and smell it, they are equally distanced and estranged from it as they are not old themselves. This makes it impossible for them to tap into its meatiness. Although this distance and proximity manifest when they give care to the residents, when they bathe them, change their diapers and clothes, feed/give them food and clean their rooms, there is more to it. Speaking to this more, here is an account from S'thah, one of the caregivers:

> *Like mufika la ekuseni as i caregiver ufika ekuseni fane uthathe i report ye night ebebekade benza i night, bakutshele ukuthi la ogogo ngabe kade behleli nabo ebusuku banjani, khona ogulayo, noma mhlampe bayaphila bonke,*

ukhona ongadlanga, mhlampe khona odinga i attention ngalesosikhathi. Abaphumayo mele bareportele laba laba abangenayo, bese lo ongenayo ekuseni before enze yonke into fanele arawnunde achecke ogogo ukuthi baright yini. Mhlampe khona olele owile yini, khona olele kambi. i caregiver mele mele malifaka ekuseni mele libabingelele libabone ukuthi bayaphila yini. Kungabi ukuthi i caregiver ifike la ngo 8 bese ngo 10 mesefaka itiye ifice khona umuntu ongekho right, mhlampe khona umuntu owile, ofuna ukufukulwa alaliswe embhedeni

[As a caregiver, when one arrives here in the morning, they must take a report from those who were working the nightshift. Since they were with them during the night, they must report on the condition of the elders, including whether there are any sick and who might need attention. After receiving the report, before starting with their duties, the caregiver must evaluate the institution to check if all the elders are in good condition. There may be an elder who may have fallen off their bed and requires to be taken back or who is sleeping in a bad position. Having arrived at 8 am, for their shift, the caregiver must not see any elders in bad conditions when they are delivering tea at 10 am].

Drawing from her experience, Mam'Zuma, added, by commenting:

mangifika la ekuseni ngifika ngifake i treatment kogogo abadla i treatment, banama treatment ahlukene ke ngokwezifo zabo. Emva komthandazo singena emaroomini ogogo siyacleana, sicleana amalocker, sicleana nje yonke into edinga ukulungiswa. Siqede lapho, mhlampe kushaye u 10, i teatime, sibaphe, abafeedayo, syabafeedake, abazidlelayo siyabanikeze bazidlele. Emva kwe teatime siyabuyela ke, abadinga ukunqunywa izinzipho, mhlampe abanye banezinwele badinga ukugundwa, ukunakekela nje ogogo, senzintenjalo yokuthi syabasiza ogogo. Ubona isidingo. Sihamba emaroomini ngalesosikhathi till 1, ngo 12 oclock isikhashana sokuthi syaphumula. 1 oclock i lunch. Masiqeda i lunch ngo 2 syoshintsha amanappies kulaba abawafakayo, 2-3. When I arrive here in the morning, I deliver medications to the elders. Based on their diseases, they have different medications. Then after the prayer, we go to their rooms to clean what needs to be cleaned, including their lockers. We finish this activity around 10 o'clock, thereafter we give food to those who can eat for themselves and feed those who cannot. Hereafter, we perform various kinds of activities to take care of and help elders. This includes cutting their nails and hair. You see the need. We assess their rooms from then until 12 o'clock when we then take a short break. At 1 o'clock we go for lunch which ends at 2 o'clock. Thereafter, between 2-3, we go to their rooms to change the diapers of those who use them].

As alluded to above, by the other caregiver, her phrasing 'you see the need' seems to refer to the bad conditions that the residents might be in. Such conditions prompt that as caregivers, they must intervene; help and give care. In this effect, 'the need', therefore, manifests when they have to correct what is wrong, unwanted, out of place, unacceptable, and that which should not be there, which must, therefore, be fixed. In Douglas's (1966) terminology, their

intervening – although surfacing under the gaze of care, caregiving, and obeying institutional customs, as shown briefly – is a ritual of purity, of dirt-avoidance, through which they shun disorder, to organize the residents' environment. By environment here, I am referring both to their wards and aging bodies undergoing transitions they attribute to the process of aging (see Chapter 3).

Second Childhood vs. First Childhood: Caring and Navigating Collisions between Respect and Institutional Protocols

I now would like to turn to how aging is understood by the caregivers. When I asked them on their perceptions of aging, they said:

> *Kuqonde ukuthi badinga ukunakekelwa nje ngoba sesiphelile isikhathi sabo, abasakwazi ukuzenzela izinto eziningi. Sonje wena bayizingane zakho. Izingane zethu ezikhulile lezi*
>
> [It means they need care as they have run out of time. They cannot independently do a lot of things on their own. So they just become your children. They are our grown children]

Speaking to elder personhood, this response reveals that they address and give care to residents who embody two interplaying identities that they clearly recognize. Building from their perceptions of aging, as suggested their phrasing 'they just become your children', the first is that they are addressing and giving care to residents who they consider to be children and thus undergoing second childhood. Regarded as a stage of life where the life cycle returns to its beginning, to infancy (Arluke and Levin, 1984; Kohn, 2003), since, as they put it, '*imiqondo yabo iyareversa ibuyela emumva ebunganeni* [Their minds reverse and go back to childhood], this model resonates with their social understandings of children; on assumptions that elders are inherently dependent on others; they share behaviours with childhood; and they exhibit childish behaviour. When the caregiving regime is concerned, they prioritize dependence over autonomy, since as children, they see, construct, and identify elders as silent subjects and receivers of care with neither agency, nor autonomy, who can neither think nor make decisions for themselves (Reez, 2007; Matthews and Amy 2015). As attributated to both phases of the life cycle, implying lack of physical independence, this resonates with bodily orientations that speak to loss of power, '*amandla*' in the isiZulu language, or more precisely, in Cousins's (2015) terminology, loss of bodily strength and capacity to do activities for themselves, since they are unable to perform some tasks of daily living. That is, as was put by the

caregivers,*'abakwazi ukuzenzela lutho yonke into bayenzelwa ithina'* [since they cannot do anything for themselves we do it for them]. This positions and renders them as people whose sense of daily living and performing certain actions depends entirely on the caregivers, who might as well in this model, be framed as their help, their extra hands, or, this problematic phrasing – their extentions.

'*Ungabosisiza mtwana asithandi ukusizwa ubosiyeka sizenzele. Udokotela wathi asibozenzela*' [Do not help us child, we do not like being helped. You should allow us to manage on our own. The doctor said we should manage on our own]. Gog'Sam remarked, after I had tried to help take her medication. I could tell she took offence from this, as she not only frowned but also slanted her head backwards to move away. As she is blind and old, I had assumed that she needed help, but I was wrong.

In exploring the agency of the elders, while recognizing that, in comparison to that of the youth, it is very limited (Durham, 2000; Bordonaro and Payne, 2012), I draw inspiration from Majombozi (2015), who examines the agency of infants by particularly focusing on their abilities to 'language' thoughts, actions, and intentions, without relying on spoken speech. Within the context of breastfeeding, by recognizing behaviours such as how they spit some foods that they do not like and enjoying certain kinds of foods, she shifts the focus of agency from the mother to the baby. By this premise, by seeing infants as active participants in decision-making, she refutes the one-sided narrative that the mother solely makes decisions. I show how the deterministic model in which the elders are seen "as objects of others' actions, reducing their prospects as objects not entitled to making their own decisions" (Holank, 2009: 215) is undermined in small acts of agency and the carers responses to them.

Studies show that agency in old age manifests in day-to-day mundane activities, actions, and decisions that are often taken for granted. These challenge a totalising metanarrative that old age is merely a stage of decline (Featherstone and Hepworth, 2005). This includes studies which examine self-care (Kim et al., 2001); studies that examine elders expressions of gender and sexual identities amid an ageist stereotype of asexuality (Tainio, 2002); as related to their descriptions of themselves in health, studies that examine how they make decisions and accompanying actions for, towards and regarding their health (Holankie, 2009); focusing on their sociality and sociability, studies that examine their abilities to make and maintain friendships and relationships with their age-groups (Lang and Carstensen, 1997; Jerrome, 1993; Venderhost and McLaren, 2005); studies which, upon taking into account their inscriptions of

aging as a period of natural deterioration and health problems, examine their partaking independently in activities, such as exercise, to maintain health and fitness, thereby consequentially postponing deterioration (Berman and Iris, 1998; Jolankie et al., 2001); studies which demonstrate how they do not only not need help in performing some of the measures/activities/tasks of daily living as they can manage on their own (Gawande, 1994); studies that account and examine how they make decisions to participate in social activities and social obligations to become active and productive members of society (Katz, 2005).

In the context of the institution in which I worked, and among people who were sometimes severely incapacitated, agency manifested through mundane actions and behaviours, such as when they refused to eat particular meals, or to drink pills in the morning, or spat them out; when they refused to have their bodies washed in the morning, demanded to take their tea with bread, or their bread without tea; resisted being taken back to their rooms by the caregivers as they wandered about in the hallways; refused to be paired up or share rooms with particular elders, asking to swop rooms so they could live with particular elders with whom they were close, and so on. Take for example, Gog'Sam and Gog'Nhlumayo who not only made up a story that their previous roommates were bitter towards them so they could live together but would also often refuse to be helped to fetch water from the tap and to drink their pills.

During fieldwork, this was brought home clearly by Mkhul'Jele and Gog'Mngati, both of whom were physically incapacitated and could not move independently and were completely reliant on the caregivers. In addition to refusing to be fed, despite having difficulties feeding for themselves, they exhibited 'astonishing agency', to use Biehl's (2013) terminology. Consider how, for example, after refusing my offer to put his food on his bed so he could reach it, Mkhul'Jele would ask that I put it on the bedside locker that was located on his left. It was painful and gut-wrenching to watch him try to reach for it with his right hand, repeatedly, moaning with effort. Upon reaching, he would then put it on top of his chest. As he needed both hands to eat, he would then force his locked left hand to be straight – to succumb to his desires and commands, to move from the world of paralysis and incapacity, to that of ability and capacity – to hold the plate, thereby allow him to use both of his hands freely. At one point when I tried to help him, as I saw that he was struggling, he said, '*ngyeke khehla ngizama ukusebenzisa lesandla sizosebenza*' [Leave me son I am trying to get this hand to be functional, I know it will be]. And, another example, when I went to her room to give her food, Gog'Mngati would ask that I put it on top of her chest. She would then use her working right hand to hold the water bottle containing tea or juice. To be able to bite or take a spoonful of food from the

plate – an action she would repeat until she was done – she would use her chin and breasts to move the plate closer to her mouth.

Such actions demonstrate that the residents with whom I worked did not want to be defined by their predicaments and bodily ailments, and were, if possible, attempting to ward them off, and ultimately, escape them. It was their attempts to hold on to what used to be, and, to re-enter, to the normal. They thus spoke a language and symbolism of expression and plasticity, by which they strove to shape their own human existence and reality. In old age – against the backdrop of pejorative stereotypes and public discourses thrown against institutionalised elders, such as, '*abakwazi ukuzenzela lutho*' [they cannot do anything for themselves], '*bayagula*' (they are sick), '*bayahlupha*' [their antics are annoying[13]], '*bayahlanya*' [they are mentally disturbed], and '*banuka kambi*' [they have body odour] that community members (including my own family) often hurled at me when we conversed about this work– they were not only expressing languages of truths and suffering but also those of resilience, resistance, self-negotiation, and, renegotiation.

The caregivers added by saying:

> *Umuntu mesemdala uyehla afane nengane encane. Kusho ukuthi ngamanye amazwi ukuba mdala usuke esidinga ukunakekelwa, usuke edinga ukuneswa, usefana nengane encane, naye izinto eziningi akakwazii ukukuzenzela. Ehhe ugogo useyacela, bantabami aningisizeni. La abanye abasakwazi ukuzisukumela, ufuna umphakamise… isimo sabo siyashintsha bayehla babebancane, bathande izinto ezimnandi. Uthole ukuthi nokade engazithandi izinto ezimnandi kodwa ngoba esemdala useyazithanda, sengathi angadla oswidi zonke izinto ezimnandi. Njengoba nje laba iningi labo liyanabukeliswa, bafaka amanabukeni, njengengane encane. Abasakwazi ukuziyela etholethi. Abanye bathatheka imiqondo benze izinto njengezingane ezincane…*
>
> [When a person becomes old, they go back to being a child. This, in other words, means they need to be taken care of. They are similar to a child since they cannot physically do many things on their own. Yes, an elder seeks help from their children. Here in the institution, others cannot get up on their, they also love nice/tasty food treats, which also happens even to those who did not like them when they were younger. Since they cannot go to the toilet on their own, as children, most of the elders here wear diapers. Others have mental disturbance which makes them do things that small children normally would…].

[13] The term 'bayahlupha' could also mean that the elders are troublesome.

Without necessarily accounting the underlying anatomic structures and motivations, their account reveals childish behaviours that the residents exhibit to them on a daily basis. In the many church services that were brought to the institution, I noticed how sweets, cakes, juice, and chips were always brought for all the residentsd, and were always accompanied by phrasing such as, '*siphathele abangani bethu abadala oncamngce, bazodla kamnandi basuthe namuhla*' [We have brought nice treats for our old friends, they will have a feast and get full today]. When some of the residents asked me to buy and bring them Eet sum mor cakes and nik naks chips. I, too, also fell into this patterned behaviour. The caregivers continued that:

> *…ngoba uthola ukuthi abanye ogogo bahlala nabazukulu. Abazakulu ababanakekelayo, abaziyo ukuthi ugogo fanele edlile, ukuthi ugogo fanele ethole into edlile, egezile, ugogo efuna into ethile*
>
> [some elders live with their grandchildren. It is them who rear, nurture, and take care of them, who know that that they must eat, get something, bath, and, whenever they want something, they are the ones who are supposed to know].

This implies to six interdependent models of care and giving care; care as a response to a human state; as a moral imperative; as an effect; as an intersubjective and interpersonal enterprise; as a nursing intervention; and as a culturally embedded practice, regime, and ideal (Evans, 2010). The caregivers imagine elders as having grandchildren who are responsible for organizing and arranging home-based-long-term-care; who decide what care they receive, when, and how do they and should receive it. They then imagine, position, and construct the grandchildren as people who are obligated to know what elders might want or need. In other words, like that of children, the dependency and care of elders are inextricably rooted, indexed, established and practiced in family contexts and units where familiarity is conditioned or is expected to dwell. As suggested by their use of personal pronouns, they recognize elder-grandchildren relationships, and the underlying 'reverse dependence relationships', or role reversal, in words of Seltzer (2010) which, as both terms suggest, talks to how dependency, giving, and receiving care, have not only been reversed, but, have been also equally reciprocated, since while when they were young, their children depended on them, and now that they are old, they are dependent on their children and their children's children- receiving the very same care the care they once gave in the past (Hockey and James, 1993). Given the place of elders in traditional social structures, including familial settings, this is no way speaking to the complexity of the intimate parent-child/grandparent-grandchildren-relationships in later life, nor does it suggest that children parent their parents or grandparents or that specific relationship are

uncomplicated. As I now take up through the experiences of the caregivers, giving care to elders is complicated, as it requires them to occupy two spaces at once.

As implied by their phrasing, 'they are our grown children', the second identity is that they are addressing and giving care to residents who are 'grown enough' to be their fathers, mothers, and grandparents. Against the backdrop of this first model, this is telling of how they are spun and suspended between two juxtaposed worlds – that of childhood, which requires that caregivers should approach and treat them as though they were children – and that of adulthood, which requires utter respect. This implies that, despite seeing them as children, their children, as suggested by possessive adjectives and pronouns, 'your', and 'our', caregivers neither forget that '*bakhulile'* (they are old) nor how this status comes with social and linguistic boundaries that they must observe. That is, in more nuanced terms, there is a tension between the forms of respect they owe the elders by virtue of their age and place in the social structure and the forms of intimacy that are due to a child. When these two positions overlap, they must confront and navigate them carefully as they not only control their behaviour but also present them with particular boundaries. (I return to this shortly). The adjectives and pronouns used by caregivers seem to signal the intimate and unparalleled devotion they have given to the residents, despite that they are neither related nor do they know them outside of the confines of work. This further complicates and stretches their 'motherhood', as it makes them to parent twice, in two different yet interconstitutive worlds and positions of dependence that have come to overlap. They mother their 'own' children and also those who were birthed for them by the process of aging and the institution alike. Demonstrating this, showing how they have personified the intimatecaregiving-relationships they have with the residents to be synonymous to the particularity of the relationships they have with their own children, here is a chronicle from one of the caregivers, Mam'Zuma:

> *Ukuthi ingane yakho uhleli uzofuna ukuyibona, awuthandi ukuthi ibe nesikhathi eside ingazange ivele emehlweni akho. Uhleli uzofuna ukubona ukuthi i right yini, uhlezi uzofuna ukubona ukuthi idingani. Umuntu usuke umnike inhliziyo yakho yonke uyibeke kuyena. Uhleli ufisa ukuthi angaba happy, angabaright, uhlezi uzihlupha ukuthi konje ngingenzenjani engamenza ahlale esesimweni esiright. Ingane yakho ngeke mithi inesilonda uvele uyiyekele kanjalo, uyazama ngayo yonke indlela, mubona ukuthi kungaphezu kwamandla akho umise eclinic*
>
> [You always want to see your child all the time. You always want to check on them, to see if they are well and whether they need anything. You give them your whole heart. You always wish they could be happy and are always concerned about what you could do to ensure that they are in the proper

condition. You cannot ignore your child when they have a sore. Even when it becomes intolerable, you try by all means and take them to the clinic].

As have already recognised, the boundaries that the caregivers adhere to when addressing and giving care to the elders are predicated upon the cultural modality of *ukuhlonipha* (respect). This is a complex set of sociolinguistic [14] behavioural 'scroll' that not only establishes deferential and gendered conduct but also sociocultural lexicons and customs that exhibit patriarchy and seniority principles, or more so, social relations of super-ordination and subordination (Dowling, 1988; Carton, 2000; Thetela, 2002; Rudwick, 2008; Rudwick and Shange, 2009). One of its manifestations is avoidance patterns in language that are an ordinary part of most of Southern African relations; they are not specific to 'a culture' although the particular form they take may have cultural and language content. Although its origins are uncertain and unknown – since it is considered a taboo and disrespectful to address elders by their names – euphemistic terms, coinings, and sometimes surnames, are alternatively used (Trudgill, 1986; Mashiri, 2000; Mbaya, 2002; Ntsimane, 2007; Fakuade et al., 2013). This manifests through linguistic taboos that influence a host of social relationships and institutionsand everyday mundane social interactions between people people who hold different (and gendered) social positions in the social hierarchy (Finlayson, 1984, 2002; Guma 2001. In some contexts, the same holds true for other persons who are old, chronologically and socially, but have not been recognised as aged, chronologically and socially. Amongst the Nguni (Zulu, Xhosa, Ndebele, Swazi), Sotho, Tswana, and Pedi people of Southern Africa, linguistic taboo and avoidance also manifest through the use of personal names that are inherently gendered. For example, amongst the Zulu, this is conveyed in the saying, '*umuntu omdala akabizwa ngegama*' [an elderly person is not called by their name], which establishes one of the cultural modalities through which respect for both and female elders manifests and takes form. A 'man', according to Koopman (1976) and Zungu (2008) is given a personal name that must be respected as it carries and symbolises his property, personality, belonging, identity, history, ancestry, and clan. In the same breath, he must be respected when this name was given to him by his father (Koopman 1976; Zungu, 2008). Equally, to shun from being disrespectful,

[14] The influence and manifestation of respect in Southern Africa is not only verbal but also applies to bodily comportments and atonement, including clothing (dress code) covering, posture, gesture, movements and avoiding certain bodies. For example, in marriage, daughters-in-law must not only avoid uttering their fathers-in-law's names but must also cover their bodies in clothing that conveys respect (See Raum, 1973; Rudwick and Shange, 2009; Irvine and Gunner, 2018).

insulting, and inviting bad luck, they also avoid naming their children after their in-laws or relatives (Koopman, 1976; Zungu, 2008). These examples speak to how language is mobilised in the construction (and social production) of personhood. In that they reveal how avoidance rituals are critical in managing social relations as they involve particular modes of comportment in relation to the body as well as in language. This way then, for the caregivers, caring for the incapacitated means having to circumvent some of conventional avoidance practices, though they cannot avoid the residents' bodies as they interact with them intimately.

In the context of the institution, wherein dignity is undermined by the bodily failings, linguistic taboo and avoidance shape how the caregivers address and give care to the residents. I noted that caregivers were careful to use the names preferred by the residents, even where sometimes, these contravened what would ordinarily have been expected of them in terms of taken for granted ideas about respect. When I was delivering food I noticed how, while some of these names were constructed and agreed upon by the residents and the caregivers, others were names that the residents forced caregivers to use, address, and recognize them by. And as such, at the mishap of forgetting this modality, the residents would either get angry, ignore, or, not respond at all, at least not in speech. This was shown clearly by incidents that occurred in the very first weeks of fieldwork, wherein I was still learning the ropes of being a caregiver, particularly the specifics of 'name-calling' and 'name-preference'.

One day an elderly woman came towards Patience (one of the caregivers) and I whilst we were delivering breakfast. Seeing the need, as, of course, with the usual respectful cultural modality, I greeted her, 'Sa*wubona gogo*' (Hello grandmother). She responded, by saying, '*angisiyena ugogo mina, ungangigugisi nangu lona bo engingugisa, Mina ngiwu Sis'Bongiwe* [I am big sister Bongiwe. I am older than you but I am not your grandmother]). Since I was rather unsure whether she was joking or being sincere – a confusion I was thrown into by her beautiful smile while engaging in this brief dialogue with me – I enquired from Patience. She told me that, '*akathandi ukubizwa ngogogo, niyaxabana uma umbiza kanjalo so ubombiza ngo Sis'Bongiwe noma ngoSis'B* [She does not like being called a grandmother, calling her like that will result into a fight between you, so you should call her Sis'Bongiwe or Sis'B[15]]. This also holds for Mkhul'Njapha who, in addition to refusing and not responding when addressed by '*Mkhulu*',

[15] I am here not saying that this particular elder is ashamed of ageing, but alternatively, that she does neither wants to be called nor recognized as aged.

only preferred and responded when addressed as Bab'Mayeni, [16]and by this model, also had a tendency of calling and addressing his children as his fathers and saying he is sometimes 6 years or 20 years old.

Sis'B's incident emphasizes the difference between being called a *gogo* which translates to an old woman, and being called *Sis'*, which in full is *Sisi* in the Isizulu language, and translates to sister. This way, it becomes clear that she did not want to be seen and addressed as an old person, which *gogo*, as a name, a state of being, and equally, of becoming, connotes, carries, and suggests. Alternatively, as suggested by the prefix 'Sis'', she wanted to be seen and addressed as a person who is not old enough to be considered, seen, and addressed as old, but old enough to be a sister, to someone, and therefore, be considered, addressed, and seen, in an according manner – in the manner in which she sees herself. In more nuanced terms, for her, as opposed to *gogo*, Sis'B, her younger subjective identity, is her age identity, one that she identified with and most certainly wanted others to identify her with and identify it in her. By the same premise, Mkhul'Njapha's experience stresses the difference between being called a '*mkhulu'* which translates to grandfather and being addressed as *baba*[17], which translates to father, thus as someone who is old enough to be a father but not enough to be a grandfather who must be identified in this manner. While both 'mkhulu' and 'gogo' are more respected terms, and are used to articulate respect towards elders, and, equally to articulate seniority relationships, to sanction and give them form, people's refusal to be called or addressed by them appears to be another way of articulating seniority relationships, of sanctioning and giving them form. I am suggesting here that, although the honorifics[18] the elderly preferred to be called and addressed by speak to much younger subjective identification strands, and not

[16] This is a nickname that Bab' Njapha preferred to be called by.
[17] This term is multivocal. Although I have translated to 'father' here and elsewhere in the paper, it is also used as an honorific in other contexts, including for example when male peers address each other. This holds true for another term in this complexity, 'Sisi', which is also used by female peers to address each other.
[18] From these incidents, it also comes clear that, despite my calling them by their seniority names or surnames throughout this study, at face value, they prefer to be called by others. My insisting on doing is because to yield to the modality of respect that saturates the institution, and as such to not appear disrespectful, I addressed them by their surnames, more so at times when they did not respond to my calling them by either Gogo or Mkhulu. It is also my way of showing that the respect that is due to them extends beyond the 'field'.

necessarily their actual age, they also serve as social statuses through they demand and enforce the respect they know they are entitled.

For others, this is suggested by their insisting on being called by their grandchildren's name instead of either their honorifics or personal names. Consider for an example another incident that occurred when Patience and I were delivering breakfast to an elderly woman who frequented sleeping. When I entered her room, I gave food to two of her roommates, one of whom was Gog'Mercy. I then went to her, following the 'right procedure', I greeted her, asked how she was doing, and told her why I was in her room: '*Sawubona gogo, uyaphila, imina uSabelo, vuka, nalitiye, vuka udle*' [Hello grandmother, how are you, it is me Sabelo, wake up, here is your tea, wake up to eat). She neither responded nor showed any gesture or emotion. A little louder, I called out to her again, as I held that maybe she did not hear me the first time, and yet, she still did not respond. It was in my third attempt that Patience intervened, and told me that, '*uthanda ukubizwa ngomzulu wakhe lona*, *mbize ngoGogo ka Nokuphila uzophendula*' [she prefers being called by her granddaughter's name; address her as Nokuphila's grandmother she will respond]. Being linked to a younger generation, through her named relationship with her grandchild implies that she not only was but also remained a 'someone', a person, in relation to her grandchild. In this vein, her grandchild is an important extent, symbiotic, and symbolic feature and extension of her personhood, which she required us to not only recognise in her but also address and provoke in her, through it, by it, with it. The idea recognized here is that she is not a 'gogo' because of age. Alternatively, she has earned the title by having a granddaughter.

These examples also reveal that, not only do people age and experiencing aging differently, and respond to it differently, but also that chronological aging fails to capture the 'full' complexity of the aging process (see Heather and Kim, 2011). They also reveal that, whilst subjective age may speak to the age that an elder feels, and may choose to categorise themselves by, their chronological age may not always be their referent (Barret, 2005; Rubin and Bernsten, 2006). At least when temporalities are concerned, this disjuncture suggests that, as implicated by their age and aged bodies (the aged self), despite one's body subscribing to a particular temporality, to a particular time and timeframe, it is possible to identity with another alternative aged self, and to altogether identify with a particular temporality that has passed – that is live in the present but identify and subscribe to a past temporality. I am recognizing here the possibility of how, despite subscribing, belonging to, and embodying one version of the self,

as provided by a particular temporality, the self may also choose to identify, belong, and embody other versions of the self, or create alternative versions of the self, for the self, and sometimes or be read and made sense of by others, thereby rendering themselves as carrying and embodying juxtaposed co-existing multiple temporalities. In making sense of this, studies show varying findings; that elders maintenance and identification with younger subjective age identities is an act of age denialism and resistance through which they dissociate themselves from pejorative stereotypes associated with ageing and growing older, a phenomenon framed as agism (Montepare and Lachman, 1989; Voss, 2018); that this disjuncture is an outcome of age-related illness such as Dementia and Alzheimer's Disease, both which are believed to be the result of cognitive disorders attributable to the process of aging (Rose and Tippett, 2004; Westius and Kallenberg, 2010). Though this may be the case, it does not speak to the cases of Mkhul'Njapha and Sis'B. In their clinic cards, as was shown to me by the caregivers, neither dementia nor Alzheimer's were recognised. In fact, when I enquired from the caregivers and the administrator why they identified like this, they said, '*ay asazi banani, ngoba naseclinic kuthiwa abanalutho, sizothi ikona ukuguga*' [We do not what they have, because even at the clinic they said there is nothing wrong with them, we believe their identifying this way is the result of aging].

I want to suggest that such actions from the residents bring personhood and subjectivity into conversation. It is through them they create, forge, and foreclose an identity for themselves, which reflects lived experience, with not only themselves but also with the world around them. Though social statuses, their honorifics also form part of their elder identities. The names they want to be called by provoke identity, lived experience, and their symbolic relationships with the world around them, which are all saturated by how they perceive themselves and want to be perceived by others. Since the names they prefer to be addressed by not only speak to their roles within the institution but also how they are situating and representing themseleves to themselves and to others, through seeing themselves in otherselves, in and outside of the matrix of aging, it then becomes plausible to suggest that what they are actually doing, is making available a space in a social institution where aging and intersubjective relations interconnect in the course of the life cycle.

This reading articulates well with Biehl's et al. (2007) postulation that subjectivity and personhood are mutually constitutive. Biehl et al. (2007) argue that subjectivity refers to one's perceived states, the understanding of one's lived experience, and the relationships that one has

with the world around them. This compromises social, political, economic, cultural worlds, settings and social others with which the self is in proximity or embedded (p. 6-9). Biehl et al. recognise that the self is a product of embodied practices, behaviours, meanings, and symbolic practices which the self considers important in the project of creating and constituting the self, their sense of self, and ultimately, of personhood, which in this case is derived from a sense of conformity to social expectations and obligations (p. 9). Earlier, Husserl (1960) had termed this self-analogy, self-ascription, self-identity, and self-knowing, that is constituted against the backdrop of other social others that the the self presents itself to. This suggests that both personhood and subjectivity become mutually constitutive as they are mediated by social institutional processes and cultural forms, and by the conscious individual, who, by constituting themselves in relation to others and in how they want otherselves to constitute them, practically engage in the crafting of their identities. This way, the examples suggest that the residents insistence on specific names indexes the collisions between the subjective and the sociocultural Here, by the subjective, I am referring to how the residents draw on sociocultural ideals (e.g. *ukuhlonipha*), the forms of personhood they enable, and the social statuses through which they, knowingly, 'demand' the respect they are entitled, despite their physical incapacities.

The recognised locus of respect also limits and controls that the caregivers care, treat, and approach the residents in a respected manner. This manifests through what they framed as, '*izindlela eziright zokubanakekela*' [Proper ways through which to care and give care to the residents]. Mam'Phehlukwayo, another caregiver exemplified thus:

> *Noma ngabe uqala noma iyiphi into ozoyenza kuyena… ake ngithi uThando, Thando manje sengizokunikeza amaphilisi, noma ngabe uyabona noma akaboni. Umthetho usho njalo, ukuthi uqale umtshele, uqale ukuthi umazise usbanibane igama lami ngize la ngizokunikeza amaphilisi, ngicela siphuze amaphilisi, bese uyaqala ke umnikeze wona amaphilisi ugogo. Noma ngabe akuwona amaphilisi, noma ngabe uzomgeza, noma ukudla nje ekuseni, fanele uqale umtshele umbingelele uzichaze umtshele ukuthi manje ngizokugeza. Angavele nje abone sewumkhumula. Abanye niyaxabana impela nje muzofika umdumele nje wenze yonke into*
>
> [Whatever you have come to do to them… let me say for an example that it is Thando {another caregiver], I will say 'Thando I am here to give you pills,' whether they see or not. That is what the law says, that you must first tell them, introduce yourself, by saying my name is so and so, I am here to give you pills, can we please drink pills, then you can start giving them pills. Even when it is not pills, even when you have come to bath them, or giving them food in the morning, you first tell them who you are then tell that you are there to bath them. They must not just see you taking their clothes off. With

> others the result of doing everything without informing them first culminates into a fight].

Mam'Phehlukwayo's account reveals that the caregivers operate from a set of schooled institutional expectations and descriptors which implicates how respect take particular form on a daily basis. Care, and giving care therefore, are administered under the auspices of respect. Recognizing the incidences and the honorifics, this account further suggests four juxtaposed models which work together in the production and offering of care. The first is aging, which both accompanies and is accompanied by cultural descriptors of what aging is and how people should treat and approach it. The second is institutional expectations as prescribed for the caregivers by the institution (e.g. that the residents must eat at certain times, even if they have to be woken to do so). The third is respect, which controls that they must not only respect them because they are old but they must also treat and give care to them in a respectful manner, including that they must greet and address them using the generalised honorific (i.e. gogo/mkhulu). The last, is the individual's preferred mode, which manifests specific honorifics (i.e. as someone's grandmother or father rather than the generic) and speaks to the navigation of personal worlds.

Addressing and Respecting Futurity in the Present: Respect in and out of this World

Third, I want to propose that the ways caregivers comport themselves has also to do with a sense of the respect due to elders who may become *amadlozi* (ancestors) who will continue to exert some sort of power and/or influence to those living and/or surviving in a state of extended living. Complicating the notions of 'death', 'dying', and 'living', this suggests how within cultural norms and expectations there are certain expectations and experiences that shape how people respond to one another and their futures, both in and out of material life. Such a reading complicates the recognised model of second childhood, as it implies that the very same elders who they see as children in old age are endowed with potential to become ancestors. It also speaks to a framing of personhood that is attributed to African traditional thoughts and beliefs. Framing them as the 'living-dead', and arguing that ancestors exercise power in the lives of their own family members, earlier, Mbiti noted that,

> *The departed are in a different category from that of ordinary spirits… because they are in the state of personal immortality, and their process of dying is not yet complete… they are bilingual; they speak the language of men, with whom they have lived until 'recently'; and they speak the language of the spirits and of God, to whom they are drawing ontologically. The livingdead are still people, and have not yet become 'things', 'spirits', or 'its'. They return to their human families from time to time. When they appear, which is generally to the oldest members of the household, they are recognised by name, as 'so and so'; they inquire about family affairs and may even warn of impending danger or rebuke those who failed to follow their instructions.* (1972: 107).

Hoekema adds,

> *Personhood in many African contexts persists after death, but not without limit. Traditional African beliefs do not attribute to the individual, certainly not to the soul alone, the capacity to continue eternally in existence, as in the Platonic existence. Rather, the person remains present, for a limited time, as a member of a community, and this is not true for every person, but only those who have become in life trusted guides and advisors to others. Such persons live on as ancestors, whose continuing presence as members of the community is acknowledged at important public gatherings and religious rituals.* (2008: 7).

During the research this was brought home clearly by a ritual called '*ukubuyisa*', which in the isiZulu language, translates to 'bringing back' and refers to the return of the 'spirit' to the homestead. Examining ancestral consciousness amongst Africans, studies maintain that this

ritual serves to reintroduce the spirit of a deceased relative to the local ancestral body corporate (with local referring to the household of the deceased) (Clegg, 1979; Hammond-Tokke, 1986; Ntuli, 2002; Chivaura, 2006; Edwards, 2011; Edwards et al., 2011). I was privileged to witness one such event. One day – after we had finished delivering food to the residents, and were gathered in the teaching room receiving training from a representative from the KZN department of health, the administrator came to inform us about the arrival of relatives and family members who had come to do the ritual for an elder whom, the caregivers told me, '*washona ehlala layikhaya engakaze avakashelwe*' [they died whilst living in this home, having not been visited by anyone]. With help from the caregivers, this entailed going to the room where they died with '*impepho*' (incense), which they burnt there and '*isiwasho*' (holy water), which they sprinkled afterwards. To complete the process of *ukubuyisa*, they called the spirit out, by individual and clan names – '*sizokulanda, sizokulanda ukuze uhambe uye ekhaya uyophumula*' [we have come to fetch you so you can go home to rest]. This was done to facilitate their rite of passage into ancestorhood, subsequently to ensure they do not become a malevolent ancestor with the power to exert harm (or even death), because of the dislocation and estrangement of family relationships (Hadness and Schumacher, 2012; Ngubane, 1984). The words that were used in the ritual suggest that the deceased was neither at home in the institution, nor were they an ancestor but had the potential to become one and whose part of their relationships with their loved ones had a quality of futurity attached to it. The ritual also speaks to how ancestorhood is concentrated 'at home', where they were born - '*la inkaba yabo inkaba yambelwa khona*' (where their umbilical cord was buried). Here, once they are ancestors, ancestor saints, and intermediaries in the spirit world, they can circumstantially exert power, authority and influence to their family members, through granting them supernatural favours, blessings, and protection against malevolent ancestors (forces) (Cokwu 1979; Chidester 2014). This of course, can only happen when the family members respect and acknowledge them through propitiation and rituals, thereby demonstrating that the belief in ancestors also plays an integral role in *ukuhlonipha*. In this effect, it must be understood as not only just a traditional manuscript that stipulates behaviours but also as a form of spiritual conviction (Rudwick and Shange, 2006).

Conclusion

In this chapter I have revealed that elder personhood is a result of intimate yet closed relationships of care, caregiving, and care-receiving. I have also shown that it is an outcome of the locus of respect that is due and given by others to the residents, not in spite of old age but because of it and through it, by which, in the crafting of both themselves and relationships, residents bring into collision subjectivity and personhood. Despite being made sense of in ways that strip them off their agency, I have also shown that they continue to manifest agency in old age, which, as those in childhood, can only be recognised when that we shift our attention to how they exercise their capacities, limited as they may be.

Chapter 5
Conclusion

In this study, I have shown that the process of aging is a stage of becoming estranged from oneself and other selves. In particular, I have shown the bodily changes attributable to it, move the elders and other people with whom they are in 'obligatory relationships', from familiarity to unfamiliarity, as it takes them away from a sense of themselves they used to know. As a result, thanks to pressing and demanding intricate webs of social pressures that affect family loyalties and expectations, it further disturbs and dislocates models, ideals, and expectations of care. Ultimately, I have shown that the process is a socially intersubjective enterprise, as it is not only made and experienced by the elders but also by those with whom they are in social relationships, obligatory or not. This begs an interesting suggestion about aging: although it is indexed in social relationships, it also indexes social relationships. I have shown that how the process of aging is understood by their caregivers resonates with social understandings of children, a perception that strips the elders of their agency.

Building from this, despite the restraints they face I then pointed to the importance of relocating their agency, by suggesting that we look into their capacities no matter how miniscule. Having done this, and recognizing that the process of aging also brings to the fore questions of life, living, proximity to physical death, and social death, I argued that in spite and despite their physical incapacities, elders are respected. I highlighted that this cultural modality, as saturated and magnified by institutional protocols of giving care, presents the caregivers with limits they cannot circumvent, although they intimately engage with not only the elders but also with aging. In the main, I have shown that respect in the context of the institution manifests through linguistic taboos and avoidance rituals, as the elders insist on being addressed and called by their seniority names and social statuses, i.e. surnames, honorifics and other personal or relational names, through which they enforce the respect they are entitled. I have shown that this respect even extends to the world of the extended living, or more, of extended personhood.

Appendices

Appendix 1

1.1.Questions for the elders

These questions were designed to tap into the life histories of the elders before they became housed in the institution.

1.1.1. Ugogo/umkhulu ngaphambi kokuthi ahlale layikhaya wayehlala kuphi? (Before living here in the old age home, where was grandmother or grandfather living?)

1.1.2. Sesisingakanani isikhathi ugogo/umkhulu ehlala layikhaya (for how long has granny/grandpa been living in the old age home?)

1.1.3. Kungani ugogo/umkhulu ehlala layikhaya' (Why does grandmother/grandfather live here in the old age home?)

1.1.4. Yini eyenza ukuthi ugogo/mkhulu agcine esehlala ekhaya labadala' (What led to grandmother/grandfather living in an old age home?)

1.2. Questions for the elders

These questions were designed to elicit two responses: first, that which prompted to see whether the elders believed they had aged; and second, that which provoked their referents/determinants that predicated this conviction.

1.2.1. Ugogo/mkhulu uyakhohlwa aphinde avume ukuthi ugugile okanye ukuthi usemdala' (Does grandmother or grandfather believe and agree that they have aged and are old)

1.2.2. Kugogo/mkhulu ingabe ukuguga kuqonde ukuthini? (To grandmother/grandfather, what does being old mean?)

1.2.3. Ugogo/mkhulu ukuguga noma ukuba mdala lokhu angakuchaza kanjani, kuyini kuyena njengoba evuma futhi aphinde akholwe ukuthi usegugile (Since they believe that they have aged, how would grandmother or grandfather describe the process of aging?)

1.2.4. Ugogo/mkhulu wabona ngani ukuthi useyaguga, noma usegugile, noma semdala (How grandmother or grandfather see that they are ageing, or have aged, or undergoing aging, or are old?)

1.2.5. Kugogo/kumkhulu yini eyenzeka eyamenza wabona ukuthi usegugile, noma uyaguga' (What was happening or is happening to grandmother or grandfather that made them that they have aged or are aging?)

1.2.6. Ugogo/umkhulu ngenkathi ebona noma esezwa ukuthi usegugile, wezwa ngani, noma wabona ngani (The time when grandmother or grandfather saw or felt that they have aged or are aging, what did they feel, what did they see?)

1.2.7. yini le eyayenzeka emzimbeni kagogo/kamkhulu eyenza abone ukuthi usegugile noma usemdala (what was happening in grandmother or grandfather's body which made them see that they are aging or are old?)

Appendix 2

Questions for the caregivers

These questions were designed to solicit how the caregivers understood the process of aging, since they do not interact with the elders but also with the process itself

2.1. Ukuguga ningakuchaza nithi kunjani? (How would you explain aging?)

2.2. Usuku lwenu maluqala luyaye luqale kanjani, maliqhubeka luqhubeke kanjani, maliphela liphela kanjani? (Take me through your day)

2.3. Ingabe kuyinto enjani nje ukuba i caregiver? (What is it like to be a caregiver?)

2.4. Njoba nithi you give care to abantu abadala, yini eniyaye niyenza ukuze nenze lokhu? (As you say you give care to the elders, what is it that you really do to demonstrate this?)

2.5. Ingabe bangakhi abantu abadala abahlala layikhaya? (How many elders does the institution have?)

2.6. Ingabe abantu abadala abahlala layikhaya bavela emakhaya anjani? (What kinds of households do the elders who stay here come from)?

2.7. Ingabe bavela kwiziphi izindawo abantu abadala abahlala layikhaya (Where do the elders come from?)

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